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With kind regards of the
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New York Bellevue Hospital. Wood

CATALOGUE

OF

✓
THE "WOOD" MUSEUM

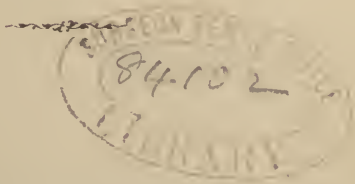
OF

BELLEVUE HOSPITAL.

NEW YORK CITY.

COMPRISING A DESCRIPTIVE AND CLASSIFIED LIST OF

Anatomical and Pathological Specimens.



DEPARTMENT PRESS.

1880.

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OFFICERS
OF
The "Wood" Museum of Bellevue Hospital.
NEW YORK CITY.



PATHOLOGISTS.

F. DELAFIELD, M. D.

E. G. JANEWAY, M. D.

L. A. STIMSON, M. D.



ASSISTANT PATHOLOGISTS.

F. S. DENNIS, M. D.

J. B. ISHAM, M. D.

W. H. WELCH, M. D.



JANITOR.

ERNEST GOETZ.

DEDICATION.

To the Honorable Commissioners of Public Charities and Correction of
New York City :

Hon. TOWNSEND COX,

Hon. THOMAS S. BRENNAN.

Hon. JACOB HESS.

To whose efforts and public spirit the medical profession, practitioners and
students, are indebted for the present building and the ample accommoda-
tions of The "WOOD" MUSEUM of Bellevue Hospital.

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PREFACE.

The present catalogue is the history of the efforts of Prof. Wood to establish in this city a Museum of Anatomical and Pathological Specimens, which he was convinced might be made a treasure-house of inestimable importance to science.

The Museum is situated in the grounds of Bellevue Hospital, in which are annually treated six or seven thousand patients. Dr. Wood early foresaw the abundant material which could be collected from such a source. The origin of the collection may be traced to the presentation, in the year 1856, by Dr. Wood, to the city, of the specimens, mainly pathological, which he had accumulated for twenty years from his hospital and private practice. From this nucleus the Museum has increased until it has reached its present size, which is unsurpassed by that of any other similar collection in the City of New York.

The collection of Anatomical and Surgical Dissections was obtained as the result of prizes offered by Dr. Wood, to be competed for by the students of all the medical colleges in the city and county of New York. The papier mache' collection was presented to the Museum by the faculty of the Bellevue Hospital Medical College. The section devoted to Comparative Anatomy is, in great measure, due to the efforts of the late Dr. BENJAMIN DRAKE to establish such a department in the Museum.

DEED OF THE "WOOD" MUSEUM.

WHEREAS, I, JAMES R. WOOD, M. D., of the City and County of New York, being desirous that a Museum, containing Anatomical Specimens and Specimens of Morbid Anatomy, should be established for the purposes of Humanity and Science, did, in the year 1856, publicly announce said object to a large number of medical men and students assembled at Bellevue Hospital, and did then offer certain prizes to the students of all the Medical Colleges in the city and county of New York, for the best specimens aforesaid, to be placed in the proposed Museum, accompanied by testimonials signed by the Professors of the said colleges, who were to be the judges of the said specimens, and to award the prizes therefor, and

WHEREAS, From my own operations and preparations, and contributions obtained by me, certain specimens aforesaid have been collected and arranged in the second and third stories of the building known as the Morgue, in said Hospital, and

WHEREAS, At a meeting of the Board of Commissioners of Public Charities and Correction of the City and County of New York, held on the first day of April, 1867, it was resolved, "That such Anatomical Specimens and Specimens of Morbid Anatomy as Dr. JAMES R. WOOD may present to the Board shall, together with the Specimens which are now the absolute property of the Board, be classified and arranged in cases in the second and third stories of the Morgue, or such other place in the buildings of Bellevue Hospital as the Commissioners shall determine, and shall be called The 'Wood' Museum of Bellevue Hospital":

Now, this Indenture, made the Thirteenth day of June, One Thousand Eight Hundred and Sixty-Seven, witnesseth that I, the aforesaid Jas. R. Wood, for and in consideration of the premises and of the sum of One Dollar to me in hand paid, the receipt whereof is hereby acknowledged, have given, granted, conveyed, assigned, transferred and set over, and by these presents do give, grant, convey, assign, transfer and set over to the Mayor, Aldermen and Commonalty of the City and County of New York, all that collection of Anatomical Specimens and Specimens of Morbid Anatomy, the results of my operations or preparations, or which have been collected or obtained by me; and all jars, bottles and cases belonging to me, now in the second and third stories of the building known as the Morgue, on Twenty-Sixth Street, within the walls of Bellevue Hospital, in the City and County of New York, to have and to hold the same in the manner and for the uses and purposes and upon the trusts, and subject to the terms and conditions following, that is to say:

FIRST. The said collection shall be classified and arranged in cases in the second and third stories of the said Morgue, or such other place in the buildings of Bellevue Hospital as the Commissioners shall determine, and shall be called "THE 'WOOD' MUSEUM OF BELLEVUE HOSPITAL."

SECOND. The said collection shall be held, kept and preserved by Jas. B. Nicholson, James Bowen, Isaac Bell, and Owen W. Brennan, the Commissioners of Public Charities and Correction of the City and County of New York, and by their successors in office, so long as said Commissioners or their successors shall have existence in law; and in case the said Commissioners or their successors shall cease to have existence in law, then and from thenceforth the said collection shall be held, kept and preserved by such person or persons or body corporate as shall be nominated or appointed for that purpose by me or my legal representatives, and the then Comptroller of City and County of New York; and in default of such appointment, then the same shall be held, kept and preserved by the aforesaid Mayor, Aldermen and Commonalty of the City of New York, or by such person or persons or body corporate as may be nominated or appointed for the purpose by them.

THIRD. The management of the said collection shall, during my life time, be under the direction of myself and such advisory Board as may be appointed by the aforesaid Commissioners of Public Charities and Correction in the City and County of New York, or their successors, or by the person or persons or body corporate, entitled to hold, keep and preserve the said collection as hereinbefore expressed.

FOURTH. From and after my decease the management of the said collection shall be under the direction of my son, James R. Wood, jun., or such other person or persons as I may appoint, and such advisory Board (consisting of at least four Medical men,) of good standing in the City and County of New York, as may by the aforesaid Commissioners of Public Charities and Correction or their successors, or by the person or persons or body corporate be entitled to hold, keep and preserve the said collection as hereinbefore expressed.

FIFTH. The said collection shall be for ever devoted to the promotion of Medical Science, and shall be held, kept and preserved, and managed in accordance with the terms and conditions hereinbefore expressed, otherwise the same and entire control and management thereof is to revert to or be within the disposition of myself or such person or persons or body corporate as I may nominate or appoint.

In witness whereof, I have hereunto set my hand and seal the day and year herein last above mentioned.

In presence of	{	Signed,
HENRY P. TOWNSEND.		
		JAMES R. WOOD, (L. S.)

STATE OF NEW YORK.
CITY AND COUNTY OF NEW YORK. } s. s.

On the Seventeenth day of June, A. D. One Thousand Eight Hundred and Sixty-Seven, before me personally came James R. Wood, to me known to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same.

C. T. HENRY,
Commissioner of Deeds, City and County of N. Y.

CATALOGUE
OF
SPECIMENS IN THE "WOOD" MUSEUM
OF
BELLEVUE HOSPITAL,
NEW YORK CITY.

BONES OF SKELETON.

HEAD AND FACE.

SPECIMEN

No. 1.

Compound Comminuted Fracture of Right Frontal Bone, with depression.—The fracture extends into orbit and through the greater wing of the sphenoid bone and sella turcica. It terminates in the left jugular foramen. On the right side the fracture extends through the anterior inferior angle of the parietal bone, and through the squamous portion of the temporal bone, and terminates at the tubercle on root of zygoma. No operation performed. Patient recovered from this fracture of the skull, and died some time afterwards from disease not connected with lesion of skull.

2.

Skull of a Sailor, who fell through a hatchway in hold of a ship, striking on his buttocks.—There is a fracture of the base, no other sign of injury about the head. His bones seemed to be deficient in animal matter. Patient weighed one hundred and eighty (180) pounds. Presented by Dr. WYETH.

No. 3.

Pistol Shot Wound of Frontal Bone.—The skull of a German who committed suicide by shooting himself while in a railroad car. The ball entered through frontal bone, passed through frontal sinus, carrying away a portion of the orbital plate of the frontal and the cribriform plate of the ethmoid bone. The ball then passed through the anterior middle and posterior lobe of the right cerebral hemisphere, and was found resting upon the tentorium cerebelli, on the right of the falx cerebri. The dura mater was lacerated at the point where the ball was found.

4.

Fracture of Base of Skull.—Fracture extends from the apex of the petrous portion of temporal bone outwards and upwards, toward the posterior inferior angle of parietal bone.

5.

Punctured Wound of Skull, made with an ice pick—Showing marked depression of internal table.

6.

Fracture of Left Parietal Bone—Showing marked reparation of bone and soft tissues.

7.

Fracture of Left Parietal Bone, from a blow with ice tongs.

8.

Skull—Showing reproduction of bone in the inferior maxilla.

9.

Fracture of Frontal Bone by circular saw.

10.

Head of Patient who died of Typhus Fever.—The nose became gangrenous some time before death, and the cheeks, the right particularly, had lost most of their vitality.

No. 11.

Head, showing gangrene of ear taking place before death from typhus fever.

12.

Skull, from Tomb near Ruins of Ancient Thebes.—Collected by S. JANE, Esq., and presented by him to BENJAMIN DRAKE, M. D., and by him presented to the Wood Museum, A. D. 1840.

13.

Skull, taken from Tomb near Sacard, Egypt, the sight of Ancient Memphis—Collected by B. BROWN, Esq. Presented to Dr. DRAKE, and by him given to the Wood Museum, A. D., 1840.

14.

A Greek Skull.

15.

Exposure of Dura Mater from Syphilis.—Necrosed bone removed some years before death.

16.

Syphilitic Disease of Skull, of ten (10) years' standing.—Patient suffered from convulsions two weeks before death; a gummy tumor of pons varolii was found. Attended by Drs. CLARK and WOOD.

17.

Calvarium—Showing syphilitic necrosis.

18.

Absorption of Bone—The result of pressure.

19.

Skull—Showing Hydrocephalus.

No. 20.

Skull, with Left internal Carotid absent.—The left common carotid was about half its usual size and terminated in the usual distribution of the external carotid. The right hemisphere of the cerebrum was considerably heavier than the left. Presented by Dr. WYETH.

21.

Head of the Murderer, James Morris.—Executed in Philadelphia, A. D. 1841.

22.

Skull—Showing abnormal thinness of walls.

23.

Calvarium—Showing syphilitic disease.

24.

Calvarium—Showing syphilitic hypertrophy of frontal bone. Presented by Dr. F. S. DENNIS.

25.

Hydrocephalic Skull.

26.

Calvarium—Showing calcification of dura mater in falx cerebri.

27.

Calvarium—Showing hypertrophy from syphilis.

28.

Calvarium—Showing absorption of bone from pressure of a bloody tumor. The specimen is from a child four (4) years old, in which the disease was of seventeen (17) months' standing.

No. 29 & 30.

Skulls—Showing syphilitic caries.

31.

Fracture of Parietal Bone.

32.

Calvarium—Showing holes produced by trephine of frontal and parietal bones.

33.

Skull of an African Female.

34.

Skull of an African Female, aged seventy (70) years

35.

Calvarium—Showing syphilitic necrosis of skull.

36.

Calvarium—Showing syphilitic caries.

37.

Calvarium—Showing simple hypertrophy.

38.

Skull of a Colored Boy, called the "Man Monkey," who was exhibited at a New York Museum some time previous to his death.

No. 39.

Skull, from the battlefield of Waterloo.—Presented by Dr. DRAKE.

40.

Skull—Showing the injection of venous sinuses of dura mater.

41.

Skull—Showing eburnation of bone.

42.

Calvarium—Showing hole produced by trephine of parietal bone.

43.

Carcinoma of Skull—Secondary.

44.

Skull of an Indian from Texas—Supposed to be charm or amulet. Presented by Dr. JAMES SYMINGTON.

45.

Skull—Obtained from a burial ground. Showing syphilitic central hypertrophy. (No history.)

46.

Caries of frontal bone of foetus.

47.

Carcinoma of Skull.

48.

Skulls—Showing non-obliteration of coronal suture. Collection of four. A, B, C, D.

No. 49.

Skull—Showing calcification of dura mater along longitudinal sinus. Presented by Dr. F. S. DENNIS.

50.

Skull—Showing absorption of alveolar processes of superior and inferior maxillæ from old age.

51.

Skull—Showing Caries of right parietal bone. (No history.)

52.

Skulls—Collection of seventy-five, (75).

53.

Skull—Showing formation of wormian bones at junction of lambdoid with sagittal suture.

54.

Skull—Showing marked external occipital protuberance with corresponding internal concavity. Presented by the late Dr. WHITTLESEY, Surgeon-in-Chief of Children's Hospital on Randall's Island.

55.

Skull—Showing same abnormal condition as No. 54. Presented by late Dr. AUGUST VAN BUREN, House Surgeon of Bellevue Hospital, who died while on duty at the Hospital.

56.

Skull—Remarkably thin, with wormian bones. Presented by the late Dr. WHITTLESEY.

No. 57.

Skull—Remarkably thick—Showing eburnation with complete obliteration of the diploe.

58.

Skull of Child who died of “Cancrum Oris.” Presented by Dr. WHITTLESEY.

59.

Skull—Showing partial destruction of right superior maxilla, resulting from “Lupus Exedens,” occurring in an aged person.

60.

Skull—Showing a remarkable anterior fontanelle, extending forward to near the nasal spine, due to arrest of growth of frontal bone. Presented by Dr. WHITTLESEY.

61.

Syphilitic necrosis of right parietal bone.

62.

Fragments taken from comminuted fracture of parietal bone, after recovery.

63.

Fracture of parietal bone—Showing disc removed by trephine. Recovery of patient.

64.

Bones—Showing syphilitic necrosis.

65 & 66.

Fragments of fractured bones of Skull, with disc removed by trephine.

No. 67.

Calvarium—Showing remarkable exostosis of inner portion of frontal bone. The specimen is from a woman who died on Blackwell's Island from uræmic convulsions following "Bright's Disease." The age of patient was about 40 years, and she had since childhood suffered from epileptic convulsions.

68.

Depressed fracture over right frontal eminence.

69.

Unsymmetrical development of calvarium, with depression over parietal boss.

70.

Fracture of left parietal bone.

71.

Syphilitic necrosis of calvarium.

72.

Skull—Abnormally developed.

73.

Preparation—Showing internal ear.

74.

Skull—Showing abnormal thinness of bone from absorption.

75.

Calvarium—Showing exceedingly large bi-parietal diameter.

76.

Anatomical preparation, showing frontal sinuses.

No. 77.

Exostosis from inner surface of frontal bone.

78.

Skull—Showing unusual development of parietal eminences.

79.

Skull—Showing parietal foramina.

80.

Carcinoma of superior maxilla. Presented by Dr. CHAS. PHELPS.

81.

Fibro-Myxoma of inferior maxilla ; removed by Dr. JAS. R. WOOD.

82.

Osteo-Sarcoma of superior maxilla. Removed by Dr. JAS. R. WOOD.

83.

Cystic disease of inferior maxilla. Removed by Dr. JAS. R. WOOD.

84.

Fibrous Epulis of inferior maxilla. Removed by Dr. JAS. R. WOOD.

85.

Sarcoma of superior maxilla. Removed by Dr. JAS. R. WOOD.

86.

Fibro-sarcoma of superior maxilla removed by Dr. JAS. R. WOOD.

No. 87.

Portion of superior maxilla removed by Dr. JAS. R. Wood, at his clinic in Bellevue Hospital, Dec. 9th, 1876.

88.

Dislocation of last cervical vertebræ.

89.

Fracture of dorsal vertebræ.

90.

Osteo-sarcoma of inferior maxilla.

91.

Skull—Showing syphilitic necrosis.

92.

Skull—Showing wormian bones in lambdoid suture.

93.

Skull—Showing deep grooves made by middle meningeal artery.

94.

Skull—Showing ossification of sutures.

95.

Skull—Showing atrophy of bone.

96.

Skull—Showing fracture of frontal and parietal bones.

No. 97.

Skull—Showing compound fracture of occipital bone.

98.

Skull—Showing abnormal course of middle meningeal arteries.

99.

Skull—Calvarium. (No history.)

100.

Skull—Showing well marked depressions.

101.

Skull—Trepined.

TRUNK.**102.**

Fracture of the spinous processes of the fourth and fifth dorsal, and of the body of the first lumbar vertebræ. Saul Hunter, æt. 40 years, was knocked down from a car, fell between the wheels, and the car passed over him. Patient died six hours after injury. Presented by Dr. WIGGIN.

103.

Fracture of lumbar vertebræ; a dermoid cyst was found in each broad ligament. Presented by Dr. PUTZEL.

104.

Fracture of cervical vertebræ.

No. 105.

Fracture of second cervical vertebra.

106.

Fracture of body of fourth cervical vertebra.

107.

Fracture, comminuted of fourth lumbar vertebra. Pressure upon spinal cord causing paraplegia.

108.

Fracture of second and third dorsal vertebræ.

109.

Fracture of fourth cervical vertebra. Gunshot wound fourth cervical vertebra, ball passing through neck and spinal cord. Instant death.

110.

Fracture of fourth cervical vertebra, caused by gunshot wound.

111.

Caries of dorsal vertebræ.

112.

Caries of dorsal vertebræ, with well marked angular curvature.

113.

Caries of lower cervical vertebræ. Presented by Dr. WHITTLESEY.

114.

Caries of lower cervical and upper dorsal vertebræ. Presented by Dr. WHITTLESEY.

No. 115.

Caries of lower dorsal and upper lumbar vertebræ. Presented by Dr. WHITTLESEY.

116.

Caries of dorsal vertebræ.

117.

Caries of dorsal vertebræ.

118.

Caries of last dorsal and upper lumbar vertebræ.

119.

Caries of dorsal and lumbar vertebræ.

120.

Caries of dorsal vertebræ.

121.

Caries of third lumbar vertebra.

122.

Caries of dorsal and lumbar vertebræ.

123.

Caries of dorsal vertebræ, with dislocation of the bodies and ankylosis.

124.

Caries of body of dorsal vertebræ.

125.

Preparation of normal lumbar vertebræ.

No. 126.

Preparation of vertebræ (normal.)

127.

Preparation of vertebræ (normal.)

128.

Pott's disease—Caries of lumbar vertebræ, with marked angular curvature; kyphotic pelvis.

129.

Pott's disease—Caries of lumbar vertebræ, with marked angular curvature.

130.

Pott's disease—Caries of lumbar vertebræ, with marked angular curvature.

131.

Pott's disease—Caries of lower dorsal and upper lumbar vertebræ, with marked angular curvature.

132.

Hunter's posterior curvature of spine.

133.

Double lateral curvature of spine, generally contracted rachitic pelvis, with lordosis.

134.

Cari of sacrum.

No. 135.

Caries and dislocation of cervical vertebræ from an unknown man. He was brought to Bellevue Hospital suffering from apoplexy; died comatose; clot found in left cerebral hemisphere, starting from optic thalamus; patient was 30 years of age. Died December 10, 1877; specimen presented by Dr. BER. LIVINGSTON.

136.

Caries of the sacrum and ilium.

137.

Fracture of dorsal vertebræ, with displacement.

138.

Spina bifida, involving lumbar vertebræ.

139.

Fracture of bodies of 4th, 5th and 6th cervical vertebræ and fracture of laminae of 3d, 4th, 5th and 6th on right, and of 4th on left side. Patient was about 20 years old; he lived about 24 hours after injury was done in Park Row. Dr. JAS. R. WOOD saw the case in consultation and procured the specimen.

140.

Fracture and dislocation of atlas and fracture of odontoid process of axis. Presented by Dr. STEPHEN SMITH.

141.

Fracture and partial dislocation of 5th cervical vertebra. Patient died instantly.

142.

Fracture of body of vertebræ.

No. 143.

Fracture of the 12th dorsal vertebra. A man, aged 43, fell 16 feet through a hatchway. Immediately afterwards there was complete loss of sensation and motion below a line drawn two inches above the brim of the pelvis. The injury was received April 18th, 1869; the man died on August 27th. There is a fracture through the body of the 12th dorsal vertebra. The upper fragment is displaced backwards, crushing the spinal cord. The fragments are joined by ligamentous union.

144.

Caries of the body of the axis and of the third (3d) cervical vertebra.

145.

Fracture of body of 4th cervical vertebra, with displacement.

146.

Fracture of eleventh (11th) dorsal vertebra, with displacement of the tenth.

P E L V I S .**147.**

Justo-minor pelvis—Presented by Dr. WILLIAM T. LUSK.

PELVIC MEASUREMENTS.

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{1}{8}$ inches.	$4\frac{1}{4}$ inches.	$3\frac{1}{2}$ inches.
T. 4 “	$3\frac{3}{4}$ “	4 “
O. 4 “	$4\frac{1}{2}$ “	4 “

History published by Dr. W. T. Lusk, in pamphlet form, June, 1880.

No. 148.

Pelvis—Showing lateral curvature of lower dorsal vertebra.
Presented by Dr. DENNIS.

MEASUREMENTS.

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{1}{4}$	$4\frac{1}{4}$	$4\frac{1}{4}$
T. $5\frac{1}{2}$	$4\frac{1}{2}$	$4\frac{1}{2}$
O. $5\frac{1}{4}$	$4\frac{1}{4}$	$4\frac{1}{4}$

149.

Pelvis with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{4}$ inches.	$5\frac{1}{4}$ inches.	5 inches.
T. $5\frac{1}{8}$ “	$4\frac{3}{4}$ “	$3\frac{7}{8}$ “
O. $5\frac{1}{4}$ “	$5\frac{1}{4}$ “	$4\frac{3}{4}$ “

Pubic arch, $1\frac{1}{2}$ inch—depth sacrum, $3\frac{3}{8}$ inches.

150.

Pelvis, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{2}$ inches.	$5\frac{1}{2}$ inches.	4 inches.
T. $5\frac{1}{2}$ “	$4\frac{3}{4}$ “	4 “
O. $5\frac{1}{2}$ “	$5\frac{1}{2}$ “	$4\frac{1}{2}$ “

Pubic arch, 2 inches—depth sacrum, 4 inches.

151.

Pelvis, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{3}{4}$ inches.	$4\frac{1}{2}$ inches.	$3\frac{3}{4}$ inches.
T. 5 “	$4\frac{1}{2}$ “	$4\frac{1}{4}$ “
O. 5 “	$4\frac{3}{4}$ “	$4\frac{1}{4}$ “

Depth lateral wall, 4 inches—pubic arch, 2 inches.

No. 152.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{8}$ inches.	5 inches.	$4\frac{1}{4}$ inches.
T. $5\frac{3}{4}$ “	$5\frac{1}{4}$ “	4 “
O. $5\frac{1}{2}$ “	$5\frac{1}{4}$ “	$4\frac{1}{2}$ “

Depth sacrum— $3\frac{3}{4}$ inches.**153.****Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. 4 inches.	$4\frac{1}{2}$ inches.	$3\frac{1}{2}$ inches.
T. $5\frac{1}{4}$ “	$4\frac{1}{2}$ “	$3\frac{1}{2}$ “
O. 5 “	$3\frac{3}{4}$ “	$3\frac{3}{4}$ “

154.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{7}{8}$ inches.	$4\frac{1}{2}$ inches.	4 inches.
T. $5\frac{1}{4}$ “	$4\frac{1}{2}$ “	4 “
O. $4\frac{7}{8}$ “	$4\frac{1}{2}$ “	$4\frac{1}{2}$ “

Depth sacrum, 5 inches—pubic arch, $1\frac{3}{4}$ inches.

This pelvis shows osteo-malacia ; a disease supposed not to exist in this country—probably from a foreigner.

155.**Pelvis**, with following measurement :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{3}{4}$ inches.	$5\frac{1}{2}$ inches.	$3\frac{1}{2}$ inches.
T. $5\frac{3}{4}$ “	$4\frac{7}{8}$ “	$2\frac{3}{4}$ “
O. $5\frac{3}{4}$ “	$4\frac{7}{8}$ “	$3\frac{1}{4}$ “

Depth sacrum, 4 inches—pubic arch, $2\frac{1}{4}$ inches.

Generally contracted pelvis ; rachitic.

No. 156.**Pelvis**, with following measurements:

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{2}$ inches.	$5\frac{1}{8}$ inches.	$3\frac{1}{2}$ inches.
T. $5\frac{1}{4}$ "	$4\frac{3}{4}$ "	$3\frac{3}{4}$ "
O. $5\frac{1}{4}$ "	$4\frac{3}{4}$ "	4 "

Depth sacrum, $4\frac{1}{4}$ inches—pubic arch, $1\frac{3}{4}$ inches.**157.****Rachitic Pelvis** with following measurements:

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $11\frac{1}{4}$ inches.	$2\frac{1}{2}$ inches.	3 inches.
T. $4\frac{7}{8}$ "	$4\frac{1}{2}$ "	4 "
O. $4\frac{3}{4}$ "	4 "	4 "

158.**Pelvis** with following measurements:

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{5}{8}$ inches.	4 inches.	3 inches.
T. $5\frac{1}{4}$ "	5 "	5 "
O. 5 "	5 "	$4\frac{3}{4}$ "

Depth, 4 inches. Pubic Arch, $1\frac{1}{2}$ inches. Lateral Wall, 3 inches.
Rachitic.**159.****Pelvis** with following measurements:

SUPERIOR STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{1}{2}$ inches.	$3\frac{3}{4}$ inches.	$3\frac{1}{2}$ inches.
T. $4\frac{1}{4}$ "	4 "	$3\frac{7}{8}$ "
O. 4 "	$4\frac{1}{4}$ "	$3\frac{7}{8}$ "

160.**Pelvis** with following measurements:

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{8}$ inches.	$5\frac{3}{4}$ inches.	4 inches.
T. $3\frac{1}{8}$ "	4 "	2 "
O. 4 "	4 "	$2\frac{3}{4}$ "

Imitation of malacastion.

Space between Rami one (1) inch.

No. 161.**Pelvis**, showing following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{2}{4}$ inches.	4 inches.	3 inches.
T. 5 “	$4\frac{1}{2}$ “	$4\frac{1}{2}$ “
O. $4\frac{1}{4}$ “	$4\frac{7}{8}$ “	$4\frac{1}{2}$ “

Depth of sacrum, 3 inches. Pubic arch, $1\frac{1}{4}$ inches.**162.****Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $1\frac{1}{4}$ inches.	$1\frac{1}{2}$ inches.	$1\frac{3}{4}$ inches.
T. 5 “	5 “	$4\frac{1}{2}$ “
O. 4 “	$4\frac{3}{4}$ “	$3\frac{1}{2}$ “

Generally contracted rachitic Pelvis.

Deviation of promontory to left.

163.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $1\frac{1}{4}$ inches.	$2\frac{1}{2}$ inches.	$1\frac{1}{4}$ inches.
T. $2\frac{1}{2}$ “	$1\frac{1}{2}$ “	$1\frac{1}{2}$ “
O. $2\frac{1}{2}$ “	$2\frac{1}{2}$ “	$1\frac{3}{4}$ “

Between ischii, $1\frac{1}{4}$ inches.

Rachitic Pelvis of a child.

164.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{1}{8}$ inches.	3 inches.	2 inches.
T. $2\frac{1}{8}$ “	$2\frac{1}{8}$ “	$2\frac{1}{2}$ “
O. $3\frac{1}{8}$ “	$2\frac{7}{8}$ “	$2\frac{1}{2}$ “

Pubic arch, 1 inch.

No. 165.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{5}{8}$ inches.	4 inches.	4 inches.
T. 5 “	$4\frac{3}{4}$ “	5 “
O. $4\frac{1}{4}$ “	$4\frac{3}{4}$ “	5 “

Pubic arch, $1\frac{1}{4}$. Depth Pelvis, $3\frac{1}{2}$.**166.****Roberts' pelvis**, which is transversely contracted ; only seven in existence.

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $3\frac{2}{4}$ inches.	4 inches.	$1\frac{7}{8}$ inches.
T. $3\frac{1}{8}$ “	$2\frac{1}{2}$ “	$2\frac{1}{2}$ “
O. $3\frac{3}{8}$ “	$3\frac{1}{2}$ “	3 “

Between ischii, 2 inches.

167.**Pelvis**, with following measurements :

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{1}{8}$ inches.	$3\frac{1}{2}$ inches.	$3\frac{3}{4}$ inches.
T. $4\frac{3}{4}$ “	4 “	$4\frac{1}{2}$ “
O. 4 “	4 “	4 “

168.**Rachitic pelvis**—Generally contracted, with scoliosis (flattened.)

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{1}{2}$ inches.	$2\frac{1}{2}$ inches.	$2\frac{1}{2}$ inches.
T. $4\frac{1}{2}$ “	$4\frac{1}{4}$ “	4 “
O. $4\frac{1}{2}$ “	$4\frac{1}{2}$ “	$3\frac{3}{4}$ “

No. 169.

Nægeli's oblique ovate pelvis.

SUP. STRAIT.		EXCAVATION.		INF. STRAIT.	
A. P.	4 inches.		$4\frac{1}{2}$ inches.		$3\frac{3}{4}$ inches.
T.	$3\frac{1}{2}$ "		$3\frac{1}{4}$ "		$2\frac{1}{2}$ "
O.	3 "	right	$3\frac{1}{2}$ "	2 "	right.
O.	$4\frac{1}{2}$ "	left	$4\frac{3}{4}$ "	4 "	left.

170.

Rachitic pelvis, heart-shaped.

SUP. STRAIT.		EXCAVATION.		INF. STRAIT.	
A. P.	3 inches.		$3\frac{3}{4}$ inches.		4 inches.
T.	4 "		$4\frac{1}{2}$ "		5 "
O.	5 "		5 "		5 "

171.

Rachitic pelvis, with scoliosis.

SUP. STRAIT.		EXCAVATION.		INF. STRAIT.	
A. P.	4 inches.		$4\frac{1}{2}$ inches.		3 inches.
T.	$4\frac{1}{2}$ "		5 "		5 "
O.	5 "	right	$5\frac{1}{2}$ "	4 "	right.
O.	4 "	left	4 "	3 "	left.

172.

Rachitic pelvis.

SUP. STRAIT.		EXCAVATION.		INF. STRAIT.	
A. P.	4 inches.		$4\frac{1}{2}$ inches.		5 inches.
T.	5 "		5 "		5 "
O.	5 "		5 "		

173.

Nægeli's oblique ovate pelvis.

SUP. STRAIT.		EXCAVATION.		INF. STRAIT.	
A. P.	$4\frac{1}{4}$ inches.		5 inches.		$4\frac{1}{2}$ inches.
T.	4 "		4 "		$3\frac{3}{4}$ "
O.	$5\frac{1}{2}$ "	right	$5\frac{1}{2}$ "	$4\frac{1}{4}$ "	right.
O.	$3\frac{1}{2}$ "	left	4 "	3 "	left.

No. 174.**Dissection** of anterior and posterior sacro-sciatic ligaments.

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. 4 inches.	5 inches.	3 inches.
T. $4\frac{1}{2}$ "	$4\frac{1}{4}$ "	$3\frac{1}{2}$ "
O. 5 "	5 "	$3\frac{3}{4}$ "

175.**Immense female pelvis.**

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. 4 inches.	$4\frac{1}{4}$ inches.	$3\frac{2}{4}$ inches.
T. $4\frac{1}{2}$ "	$4\frac{1}{2}$ "	4 "
O. 5 "	5 "	$4\frac{1}{4}$ "

176.**Kyphotic pelvis.**

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{4}$ inches.	$4\frac{2}{4}$ inches.	$2\frac{1}{2}$ inches.
T. $4\frac{1}{2}$ "	$4\frac{1}{2}$ "	4 "
O. 5 "	5 "	$3\frac{3}{4}$ "

177.**Male pelvis**—Showing effects of syphilis.**178.****Coxalgic pelvis**—Lordosis.

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{2}{4}$ inches.	$4\frac{1}{4}$ inches.	$2\frac{3}{4}$ inches.
T. $4\frac{1}{2}$ "	$4\frac{1}{2}$ "	4 "
O. 4 " right.	$4\frac{1}{2}$ "	4 " right.
O. 5 " left.	5 "	$4\frac{1}{4}$ " left.

179.**Rachitic pelvis** of child.

No. 180.**Pelvis** of a child—Showing long anetro-posterior diameter.**181.****Rachitic pelvis.**

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $2\frac{3}{4}$ inches.	$3\frac{1}{2}$ inches.	3 inches.
T. 5 "	5 "	4 "
O. $4\frac{3}{4}$ " right.	$4\frac{1}{2}$ "	4 " right.
O. $5\frac{1}{4}$ " left.	$4\frac{1}{2}$ "	$3\frac{3}{4}$ " left.

182.**Pelvis**—Showing syphilitic osteophytes.**183.****Male pelvis**—Showing abnormal measurements.**184.****Kyphotic pelvis.**

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. $4\frac{1}{2}$ inches.	$5\frac{1}{2}$ inches.	$3\frac{1}{2}$ inches.
T. $4\frac{1}{2}$ "	4 "	$3\frac{1}{2}$ "
O. $4\frac{1}{2}$ " right.	$4\frac{3}{4}$ "	$3\frac{3}{4}$ " right.
O. $4\frac{3}{4}$ " left.	$4\frac{1}{2}$ "	$3\frac{1}{2}$ " left.

185.**Coxalgic pelvis.**

SUP. STRAIT.	EXCAVATION.	INF. STRAIT.
A. P. 4 inches.	4 inches.	3 inches.
T. 5 "	$4\frac{1}{2}$ "	$3\frac{3}{4}$ "
O. 5 "	$4\frac{1}{2}$ "	$3\frac{3}{4}$ "

187.**Pelvis** of a child—Showing long antero-posterior diameter.
Presented by Dr. WHITTLESEY.

No. 188.

Pelvis, showing fracture of ilium extending from two inches behind anterior superior spinous process of ilium downward to sacro-sciatic synchondrosis.

189.

Pelvis, showing well-marked exostoses of venter ilii and ossification of great sacro-sciatic ligaments.

EXTREMITY.**190.**

Fracture of femur upper third, with great displacement of fragments.

191.

Fracture of femur lower third, with longitudinal fracture of shaft, and union with development of osteophytes.

192.

Fracture of femur middle of shaft, with overlapping of upper fragment upon lower.

193.

Fracture of femur upper third. Union with great displacement. (History unknown.)

194.

Fracture of upper third of femur with great shortening; the rectus muscle intervenes between the fragments and has prevented union.

No. 195.

Fracture of middle of shaft of femur, with great overlapping of fragments and formation of osteophytes.

196.

Fracture of femur upper third, with great overlapping of fragments, displacement and osteophytes.

197.

Fracture of lower third of femur, with union by overlapping of fragments.

198.

Fracture of upper third of femur, with overlapping and great displacement.

199.

Fracture of upper third of femur; union with overlapping of fragments and formation of osteophytes.

200.

Fracture of upper third of femur; union attended by great displacement.

201.

Impacted fracture of neck of femur, with deposit of new bone at seat of fracture.

202.

United fracture of middle of shaft, with slight displacement.

203.

Comminuted fracture of femur upper third, and longitudinal fracture of lower portion of shaft. Patient fell down hatchway of vessel, and died from his injuries in Bellevue Hospital.

No. 204.

Fracture of middle third of femur, with overlapping of fragments and formation of osteophytes.

205.

Fracture of neck of femur. Extra-capsular.

206.

Fracture of thigh by pistol-ball. Amputation by Dr. WOODRUFF. (Hospital Records, Dec. 24th, 1876.)

207.

Fracture of trochanter major.

208.

Fracture of neck of femur and of trochanter major.

209.

Fracture of neck of femur, with ulcerative absorption of neck and flattening of head.

210.

Fracture of lower end of femur, followed by necrosis.

211.

Fracture of lower end of femur, with union and deformity.

212.

Fracture of neck of femur, occurring in an old person, with ulcerative absorption of neck and formation of new bone.

213.

Fracture of neck of femur, with ulcerative absorption.

No. 214.

Fracture of femur, T-shaped, the transverse arm below the trochanters, the vertical between the trochanters.

215.

Fracture of upper end of femur, extending downward and inward between trochanters.

216.

Fracture of trochanters major, and transverse fracture below trochanters.

217.

Fracture of neck of femur—no union. Extra-capsular.

218.

Fracture of upper end of femur, showing ball lodged in shaft.

219.

Fracture of neck of femur. Displacement but firm union. Extra-capsular.

220.

Fracture of neck of femur, with upper fragment driven down and impacted into shaft of bone. Little shortening.

221.

Fracture of neck of femur, with impaction.

221 A.

Fracture of the femur, showing interstitial absorption of bone. Intra-capsular.

221 B.

Fracture of the femur, occurring spontaneously. The patient was seventy-five (75) years of age. Intra-capsular.

No. 222.

Dislocation of head of femur on dorsum of ilii ; spontaneous, occurring during morbus coxarius. The acetabulum ulcerated through into pelvic cavity, into which the pus was discharged, causing peritonitis and death.

223.

Dislocation of head of femur into ischiatic notch, occurring spontaneously during morbus coxarius. The dislocation was reduced several times, but it was impossible to retain the bone in position until Bucks' Extension was applied. This had to be discontinued after a time, the patient stating that the pain was more severe with it than without it. Pressure of the thigh upon the integuments of the pubis caused sloughing of the parts.

224.

Dislocation of head of femur on dorsum of ilii, occurring during morbus coxarius.

225.

Dislocation of head of femur on dorsum of ilii. Complete osseous ankylosis with the ilium.

226.

Dislocation of head of femur on dorsum of ilii, occurring during morbus coxarius.

227.

Dislocation of head of femur, occurring during morbus coxarius, with perforation of acetabulum.

228.

Morbus coxarius—Femur showing absorption of head and neck.

No. 229.

Morbus coxarius. showing ulcerative absorption of head and neck, and necrosis of upper third of shaft.

230.

Morbus coxarius—Showing ulcerative absorption of head of femur, and eburnation of shaft.

231.

Morbus coxarius—From a small child. Presented by Dr. WHITTLESEY.

232.

Morbus coxarius, perforation of acetabulum, and destruction of bone by an iliac abscess.

233.

Morbus coxarius, perforation of the acetabulum, and absorption of part of the head of the femur.

233 A.

Morbus coxarius.

234.

Morbus coxarius—Showing ulcerative absorption of head and neck of bone. Presented by Dr. WHITTLESEY.

235.

Morbus coxarius, with perforation of acetabulum. Presented by Dr. WHITTLESEY.

236.

Morbus coxarius—The specimens show the heads of the femurs locked in the acetabula, in consequence of abnormal deposit of bone.

No. 237.

Morbus coxarius, with perforation of acetabulum.
Presented by Dr. WHITTLESEY.

238.

Morbus coxarius. Presented by Dr. WHITTLESEY.

239.

Morbus coxarius. Presented by Dr. WHITTLESEY.

240.

Morbus coxarius—Specimen shows destruction and absorption of head of bone from ulcerative process.

241.

Morbus coxarius—Head of femur partially absorbed, and much eroded from ulcerative process.

242.

Morbus coxarius, with firm ankylosis. Presented by Dr. DENNIS.

243.

Morbus coxarius, with necrosis of rami of ischium and of pubis. Presented by Dr. DENNIS.

244.

Morbus coxarius.

245.

Morbus coxarius—Head of bone ankylosed in acetabulum.

No. 245 A.

Morbus coxarius, with ulceration and absorption of the neck and portion of the head of the femur. The portion of the head which is not absorbed is firmly ankylosed to the acetabulum.

246.

Femur—Showing superficial necrosis of internal condyle, with absorption of animal matter.

247.

Femur—Showing peripheral necrosis of internal condyles.

248.

Femur—Showing peripheral necrosis of condyles.

249.

Femur—Showing peripheral necrosis of condyles.

250.

Femur—Showing necrosis and sequestrum and involucrum.

251.

Femur—Showing necrosis and sequestrum and involucrum.

252.

Femur—Showing necrosis of condyles.

253.

Femur—Showing superficial necrosis of shaft.

254.

Femur—Showing necrosis and abscess.

No. 255.

Femur—Showing necrosis and abscess.

256.

Femur—Showing necrosis and abscess.

257.

Femur—Showing necrosis and abscess of shaft.

258.

Femur—Showing necrosis and abscess of shaft.

259.

Femur—Showing necrosis and abscess of shaft.

260.

Femur—Showing necrosis and abscess of shaft.

261.

Femur, necrosed. The involucrum was trephined, after it had been produced by enucleating the dead bone from the periosteum. The operation was performed while the limb was under extension by Buck's apparatus, and the patient recovered without shortening.

262.

Femur—Showing eburnation of bone.

263.

Femur, necrosed. New bone was produced by the periosteum, and formed a mass three times larger than the original bone.

No. 264.

Femur—Showing pieces of necrosed bone.

265.

Femur—Showing pieces of necrosed bone, in form of ring, which came from bone after amputation.

266.

Femur—Showing necrosis and exostosis upon end of bone after, amputation.

266 A.

Femur—Showing portions of necrosed bone, removed by Dr. JAMES R. WOOD, after separation of the periosteum and reproduction of new bone.

267.

Femur—Showing necrosis of head.

268.

Pelvic bones—Showing necrosis of portions of bones.

269.

Femur—Showing great hypertrophy of bone. Presented by Prof. DARLING.

270.

Femur—Showing great hypertrophy of bone. Presented by Prof. DARLING.

271.

Femur—Showing hypertrophy.

272.

Femur—Showing hypertrophy.

No. 273.

Femur—Showing hypertrophy,

274.

Femur of patient who died in Bellevue Hospital, showing marked hypertrophy of bone.

275.

Femur—Showing caries of internal condyle.

276.

Femur—Showing caries of dorsum of ilium and morbus coxarius. Specimen shows fracture occurring during life through acetabulum, ankylosis of femur.

277.

Femur—Showing osseous ankylosis of head.

278.

Femur—Showing ankylosis of head to ilium.

279.

Femur—Showing ankylosis of condyle to patella and tibia.

280.

Ankylosis occurring during sacro-iliac disease, at sacro-iliac synchondrosis.

281.

Femur—Showing osteophytes developing upon linea aspera.

282.

Exostosis of shaft of femur.

283.

Osteophytes developing upon femur.

284.

Exostoses of femur.

285.

Osteophytes at lower extremity of femur.

286.

Osteophytes of femur.

287.

Exostoses of femur.

288.

Exostoses of ilium and descending ramus of pubis and ascending ramus of ischium and tuberosity. Presented by Dr. DENNIS.

289.

Periostitis of femur.

290.

Periostitis of femur, osteo-myelitis and cancer of femur.

291.

Osteo-myelitis of femur.

292.

Cancer of lower end of femur, amputations and resections of femur.

293.

Amputation of femur for disease of knee joint. Operation by Dr. Wood January 26th, 1878.

No. 294.

Resection of the hip-joint for morbus coxarius. The patient was a young man about eighteen (18) years old who afterwards became Dr. Wood's coachman. He recovered completely, had perfect use of his leg, and could get up and down from his seat on the carriage with ease and rapidity. Operation was performed Dec. 1st, 1860.

295.

Amputation, secondary, at hip joint by Dr. Wood. Patient did not re-act and died eighteen hours after from shock.

296.

Amputation of head and neck of femur followed by necrosis.

297.

Amputation of femur.

298.

Amputation of femur by Dr. Wood. Clinic Jan. 26th, 1878. Dislocation of tibia on condyles.

298 A.

Amputation of the thigh for strumous disease of the knee joint. Performed by Dr. JAMES R. WOOD, at his clinic, Jan. 17th, 1880.

299.

Amputation of thigh.

299 A.

Amputation of thigh lower third. There is also abscess and displacement of the neck of the femur.

No. 300.

Amputation of thigh for fracture extending into knee joint, with arrest of development of tibia and fibula. Amputated and presented by Dr. CHAS. PHELPS.

301.

Amputation of thigh, by Mr. GEO. W. CALLENDER, F. R. S., Examiner of Surgery in London University and Surgeon to St. Bartholomew's Hospital; successor to Sir JAMES PAGET. Operation performed at Dr. JAS. R. WOOD's clinic, by his invitation, in the presence of over fifteen hundred physicians, surgeons and students, February, 1879. Specimen shows necrosis of femur extending six inches above condyles, knee joint ankylosed, patella ankylosed to condyles. Patient made rapid recovery treated by open method. The operation was by the antero-posterior skin flap method.

302.

Amputation of thigh, performed at clinic, February, 1879. Mr. CALLENDER was present, by Dr. WOOD's invitation, and also amputated a thigh (see specimen 301). Extensive disease of knee joint of some years' standing. Operation performed by Dr. JAS. R. WOOD, by lateral skin flap method; treated openly; rapid recovery. Operation performed in eighteen (18) seconds.

302 A.

Amputation of the thigh, middle third. Performed by Dr. WOOD, Jan. 1880. The patient was a lunatic from Ward's Island, and had strumous arthritis of the knee joint. His mental condition was much improved after the amputation.

302 B.

Amputation of the leg, middle third. This was a secondary amputation, the stump of the original one not healing, and causing the patient great pain. The end of the bone is ulcerated.

No. 303.

Femur—Showing enlargement of trochanter.

304.

Femur—Showing eburnation of bone.

305.

Femur—Showing eburnation.

305 A.

Femur—Showing flattening of the head and neck.

306.

Femur—Showing eburnation.

307.

Strumous disease of knee joint.

308.

Rheumatic Arthritis, with large deposit of bone upon trochanters and surgical neck of femur.

309.

Strumous disease of knee joint. See History Book. Bellevue Hospital, Third Surgical Division, Nov. 18th, 1876. Amputation by Dr. Wood.

310.

Strumous disease of knee joint.

311.

Strumous disease of knee joint. Amputation by Dr. Wood.

311 A.

Rheumatic Arthritis—Bones of upper and lower extremities.

No. 312.

Patella, fractured and removed by Dr. JAS. R. WOOD, from Mr. Totten, of Cold Spring, Long Island, Sept. 6th, 1878. Fractured by the kick of a horse. Compound comminuted, joint laid completely open. By an elliptical incision all the lacerated and contused parts were removed, the limb was placed on a posterior splint and plaster bandages were applied from toe to upper part of thigh, leaving fenestrum through which wound was dressed. Iron braces were added after first few layers of bandage, and were retained by many layers of bandage over them. The open treatment of wounds was adopted, the dressings being irrigated with carbolic acid water. Oakum and balsam of Peru were employed. At the end of sixth week the wound had entirely healed, with the exception of one small point. A complete and firm ankylosis was the result, the patient not having a single unfavorable symptom from the operation.

313.

Patella—Showing necrosis of portions which were enucleated from periosteum, the knee joint not being opened. A new patella was formed. Patient aged twelve years. Operation by Dr. JAS. R. WOOD.

314.

Patella—Showing necrosis. Same operation as above with same result.

314 A.

Patella and tissues over knee joint, showing bursitis.

315.

Fracture of tibia, compound, upper third.

316.

Fracture of middle of shaft of tibia. Union with but little displacement.

No. 317.

Fracture of lower third of tibia. Union with considerable deformity.

318.

Fracture of tibia. Union with no deformity.

319.

Fracture of middle of shaft of tibia. Union with slight deformity.

320.

Fracture of middle third of tibia. Union with slight angular deformity.

321.

Fracture of lower third of tibia.

322.

Fracture of middle third of tibia. Union with no deformity.

323.

Fracture of lower fourth of tibia and fibula.

324.

Fracture of middle of tibia and lower portion of fibula.

325.

Fracture of tibia and fibula in upper fourth. Union with great deformity.

326.

Fracture of tibia and fibula; lower fourth.

No. 327.

Fracture of tibia (compound) and fibula, with dislocation.

328.

Fracture of tibia, lower third, and of fibula, upper third, with great overlapping of fragments.

329.

Fracture, compound with dislocation of tibia and fibula.

330.

Fracture of tibia and fibula involving ankle joint.

331.

Fracture of tibia and fibula. Compound comminuted—amputation and recovery.

332.

Fracture—Compound of tibia and fibula. Amputation and recovery. By Dr. JAS. R. WOOD.

333.

Fracture—Compound of lower fourth of tibia and upper fourth of fibula. Amputation by Dr. F. S. DENNIS, 1876. Recovery.

334.

Fracture—Compound of lower fourth of tibia opening into ankle joint. Great loss of substance in middle of leg. Amputation below knee joint, by Dr. F. S. DENNIS, 1876. Recovery.

No. 335.

Fracture of lower third of tibia and fibula; union with overlapping of fragments, some of which are driven down between tibia and fibula.

336.

Fracture—Compound comminuted of tibia and fibula. Union with shortening and deformity. Subsequent amputation.

337.

Fracture of tibia lower third.

338.

Fracture—Compound comminuted of tibia and fibula.

339.

Fracture of upper end of fibula and of tibia involving knee-joint.

340.

Fracture—Compound of tibia and fibula lower fourth.

341.

Fracture of tibia and fibula—compound—comminuted, with dislocation of ankle joint. Amputation of leg and recovery.

342.

Fracture—Compound comminuted of tibia and fibula, and dislocation of ankle-joint.

343.

Fracture—Compound with dislocation of ankle-joint. Amputation by Dr. JAS. R. WOOD, and recovery.

344.

Fracture—Compound comminuted of tibia and fibula with subsequent necrosis.

345.

Fracture—Compound comminuted of tibia and fibula involving ankle-joint.

No. 346.

Fracture of lower end of tibia with union between tibia and fibula.

346 A.

Fracture of lower end of the tibia with ankylosis of tibia and fibula by proliferation of bone.

347.

Necrosis of upper and lower end of tibia presented by Dr. WHITTLESEY.

348.

Necrosis of tibia. Amputation of thigh by Dr. JAS. R. WOOD.

349.

Necrosis of lower end of tibia.

350.

Necrosis of tibia and fibula from SIMON CARROLL, aged 57 years—Irish laborer.

Thirty years before operation he was wounded at middle of tibia by a scythe. Five weeks after, dead bone came away, and the wound healed. After this necrosis and exfoliation occurred about once a year. He received no surgical treatment until 1878; then he was taken in charge by J. G. SHACKELTON, of Matawan, N. J., who advised an operation for the removal of all the dead bone, but this he would not consent to. Finally, his constitution became so impaired by the continuous drain, and the leg became so offensive that he desired to have amputation performed, but it was then a question whether in his enfeebled condition he would survive the operation. However, on May 10th, 1879, the leg was amputated, this being thought his only chance for life. The wound was closed by interrupted suture, both flaps sloughed entirely off, and the wound healed by process of granulation, which fortunately covered the end of the bone. He eventually recovered, and was on January 1st, 1880, in excellent physical condition. Presented by Dr. J. G. SHACKELTON.

350 A.

Necrosis of tibia.

No. 351.

Necrosis of shaft of tibia.

352.

Necrosis of tibia.

353.

Necrosis of tibia, extending to bones of tarsus.

354.

Necrosis of tibia with sequestrum.

355.

Necrosis of shaft of tibia, showing sequestrum and involucrum. Amputation by Dr. JAS. R. WOOD; recovery.

356.

Necrosis of upper end of tibia.

357.

Necrosis of lower end of tibia.

358.

Necrosis of tibia with sequestrum and involucrum. Amputation and recovery.

359.

Necrosis of tibia and fibula after amputation.

360.

Necrosis of tibia and fibula. Syphilitic variety.

361.

Necrosis of tibia.

361 A.

Necrosis of the tibia and fibula. Syphilitic variety.

No. 362.

Necrosis peripheral of tibia—new bone produced.

363.

Necrosis of tibia.

363 A.

Necrosis of Epiphysis of the tibia, which was removed from the knee-joint of a Mr. G., whose leg was afterwards amputated by Dr. Wood. The patient made good recovery.

364.

Necrosis of head of tibia.

365.

Necrosis of upper end of tibia extending to knee-joint.

366.

Necrosis of tibia removed by enucleation from pericosteum. Within it was found a second necrosed tibia, which tibia was lost when Museum was moved. A new tibia (which makes the third) was deposited by the periosteum, and the patient left the Hospital with a perfect leg.

367.

Necrosis of tibia and fibula and condyles of femur. The internal condyle of femur was fractured during disease, and united with exuberant deposit of new bone.

368.

Necrosis of tibia taken from a boy who, when seen by Dr. Wood, was suffering intense pain from sub-periosteal abscesses extending from upper to lower portion of bone. A free incision was made the whole length of the bone which disclosed a large quantity of pus, and extensive necrosis of the tibia. Patient was relieved of pain at once. (This specimen illustrates the way in which Dr. Wood enucleates the bone where his object is to have the periosteum deposit new bone. In this case the periosteum is seen to have deposited a large amount of new bone, and the necrosed bone is in a certain degree separated from this new formation.)

A communication was subsequently formed between the cancellated structure of the tibia and the ankle-joint, and the constitutional symptoms became so grave that it was deemed advisable to amputate the thigh, which was done, and the patient made a good recovery.

No. 369.

Strumous disease of knee-joint, periostitis and necrosis of tibia with synovitis of knee-joint.

370.

Strumous disease of knee-joint.

371.

Rheumatic Arthritis of knee-joint.

372.

White swelling of knee-joint.

373.

Chronic Arthritis, knee-joint.

374.

White swelling, knee joint. Amputation.

375.

White swelling, knee joint. Amputation.

376.

Strumous disease of knee-joint. Anchylosis and necrosis of bone.

377.

Strumous disease knee-joint. Amputation lower third femur. Recovery.

No. 378.

Strumous disease of knee-joint. Amputation and recovery.

379.

Strumous disease of knee-joint—caries of both bones of leg; amputation above condyles of femur.

380.

Disease of knee-joint. Lunatic from Ward's Island—amputation by Dr. WOOD, and recovery.

381.

Secondary amputation of knee-joint, January 12th, 1878, by Dr. JAS. R. WOOD.

382.

White swelling, causing extensive disease of knee-joint. Amputation of thigh.

383.

Portion of leg and foot showing re-united tendo-Achilles, which had been divided together with tendons of ham-strung muscles for the relief of strumous disease of knee-joint or "Fungus Articuli" of Sir Benjamin Brodie. This operation is frequently done Dr. JAS. R. WOOD, to give joint perfect rest and prevent attrition of the bones. The continuity of the tendon is seen to be perfectly re-established. The thigh was amputated some months after, on account of extensive abscesses of the thigh and leg.

384.

Syphilitic hypertrophy of the tibia.

385.

Syphilitic hypertrophy of the tibia.

386.

Syphilitic osteitis of the tibia.

No. 387.

Syphilitic peri-ostitis of tibia.

388.

Syphilitic ostitis of tibia with necrosis.

389.

Syphilitic hypertrophy of tibia with ostitis.

390.

Hypertrophy of tibia, with necrosis.

391.

Fatty degeneration of tibia.

392.

Caries and abscess of tibia, with ostitis.

393.

Periostitis, caries and abscess of tibia. Presented by Dr. WHITTLESEY.

394.

Tibia—Showing marked osteophytes.

395.

Tibia and fibula, showing bony ankylosis at ankle-joint, and arrest of development of fibula.

396.

Bony ankylosis of knee-joint, with partial dislocation. The patella is ankylosed to the outer condyle. Amputation and recovery.

No. 397.

Anchylosis of knee-joint.

398.

Anchylosis and partial dislocation of knee-joint; patella and femur necrosed.

399.

Anchylosis of knee-joint at right angles; dislocation of the tibia backwards; the patella is anchylosed to the anterior aspect of femur above the condyles. Amputation of leg.

400.

Anchylosis and necrosis of tibia femur and patella. Partial dislocation of the tibia and anchylosis of patella to the outer condyle of femur. Result of disease known as fungus articuli, or strumous disease.

401.

Anchylosis of tibia and fibula, with partial dislocation of tibia. Result of fungus articuli.

402.

Anchylosis of knee-joint. Result of acute arthritis.

403.

Skeleton showing extensive disease of the knee-joint and anchylosis of the patella; an old fracture of femur is seen, also anchylosis of hip-joint.

404.

Anchylosis and ostitis of femur and tibia from strumous disease of long standing.

405.

Sarcoma of tibia. Presented by Dr. CHAS. PHELPS.

No. 406.

Osteo-sarcoma of tibia and condyles of the femur.

407.

Epithelioma of femur and tibia. Amputated by Dr. JAS. R. WOOD at Smithtown, Long Island. Patient recovered and is still alive. The disease was of thirty (30) years' standing, and had kept patient confined to the bed for nearly all that time. Over one-third of the femur was diseased.

408.

Osteo-sarcoma of tibia, for which amputation of thigh was performed by Dr. JAS. R. WOOD. The patient recovered for the time and died two years after of secondary disease in lungs and liver.

409.

Sarcoma of head of tibia. Amputation of femur. Patient recovered for the time and died eighteen months after of cancer of the mesenteric glands.

410.

Periosteal Sarcoma of the tibia. Amputation. Patient recovered for the time and died about two years after of secondary deposit in the lungs and liver.

411.

Osteo-chondroma from a boy seventeen years old, who was injured while skating by falling upon his knee. Three months after injury the boy complained of great pain in his knee. Treatment for synovitis was employed. A tumor grew rapidly and in the course of a year from date of injury it had attained the size and shape of a large cabbage. The boy suffered great pain, and amputation was performed by Dr. JAS. R. WOOD, Aug. 5th, 1875. The patient died.

412.

Sarcoma of tibia and fibula, extending from their anterior to their posterior aspects.

No. 413.

Osteo-cephaloma through upper end of tibia. Amputation of thigh. Patient recovered from operation and died of return of the disease in the groin on the opposite side, about one year after.

414.

Carcinoma of femur and tibia.

415.

Carcinoma of the femur and also the tibia and humerus, following carcinoma of the breast.

416.

Amputation of leg—stump showing deposit of bone uniting tibia and fibula. The medullary canals are closed and the fibula is atrophied and shows osteophytes.

416 A.

Tibia and fibula from secondary amputation, performed at Bellevue Hospital, January 13th, 1877. Third Surgical Division.

416 B.

Amputation of the leg, junction of middle and lower third, from a railroad injury which tore the integument of the foot from its deep connection and laid bare the os calcis.

417.

Resection of knee-joint by Dr. JAS. R. WOOD, at his clinic, Oct. 9th, 1875.

Patient recovered completely from operation, and died subsequently of dysentery. See Hospital Records, Oct., 1875. Page 49.

418.

Resection of knee-joint by Dr. JAS. R. WOOD. Patient died ten days afterward of traumatic delirium. No effort of nature to repair. This is the only case of resection of knee-joint that Dr. Wood lost.

No. 419.

Resection of knee-joint by Dr. JAMES R. WOOD. Recovery complete. Patient died some years after operation of consumption.

420.

Resection of knee-joint, recovery without perfect ankylosis. Patient died of pneumonia.

421.

Resection of knee-joint performed by Dr. JAS. R. WOOD. for fungus articuli of many months standing. The patella was not involved and was not removed. Recovery with firm ankylosis.

422.

Resection of knee-joint performed by Dr. JAS. R. WOOD. for fungus articuli. Recovery with firm ankylosis.

423.

Resection of knee-joint for fungus articuli; or white swelling, of three years' standing. Patella involved and removed. Recovery and firm ankylosis.

424.

Resection of knee-joint for fungus articuli; or white swelling, removed the patella which was diseased. By Dr. JAS. R. WOOD.

425.

Fracture of fibula upper fourth with ankylosis between it and tibia.

426.

Fracture of lower end of fibula. The external malleolus is driven up and in bony connection with fibula two inches above joint.

No. 427.

Ununited fracture, nearly longitudinal of upper third of fibula.

428.

Potts' fracture of lower third of right fibula.

429.

Fracture and separation of epiphysis of fibula followed by necrosis.

430.

Fracture of middle third of fibula.

431.

Necrosis of fibula.

432.

Necrosis and fracture of lower end of fibula.

433.

Necrosis of fibula.

434.

Necrosis of fibula.

435.

Necrosis of fibula.

436.

Necrosis of fibula.

437.

Necrosis of fibula.

438.

Necrosis of fibula, new bone produced.

No. 439.

Necrosis upper end of fibula.

440.

Necrosis of styloid process of fibula.

441.

Exostoses and osteophytes lower end of fibula.

442.

Osteophytes of fibula.

443.

Strumous disease of tarso-metatarsal junction. Fungus articulari.

444.

Strumous disease with ankylosis and necrosis of tarsal bones.

445.

Strumous disease of ankle-joint and tarsus with necrosis of lower end of tibia and fibula.

446.

Strumous disease of tarsal bones.

446 A.

Strumous disease of the tarsal bones.

446 B.

Subluxation of the metacarpo-phalangeal articulation, resulting from rheumatic gout.

447.

Amputation showing bones of foot after Choparts. Operation for strumous disease.

No. 447 A.

Symes' amputation as performed by Dr. JAS. R. WOOD. The periosteum is stripped from the os-calcis and left in the flap. Performed Jan. 19th, 1878.

448.

Skeleton of foot after amputation at metatarso-phalangeal articulation.

449.

Anchylosis of metatarsal bone of great toe to internal cuneiform bone, result of disease.

450.

Talipes Varus. Dried specimen.

450 A.

Two specimens of feet which were removed by amputation from Helen Seaver, a colored girl aged 19 years, who had congenital talipes equino-varus. Both cuboid bones were removed at different times without good result, and finally on Dec. 20th, 1877, the right foot was removed by Symes' method. The following October the left foot was amputated by the same method and the patient in each case made good recovery. She was discharged from hospital March 19th, 1879, and can walk long distances without discomfort. Operation performed and specimen presented by Prof. STEPHEN SMITH.

T R U N K .**451.**

Fractures of the costal cartilages of several ribs, showing non-union of the cartilages without the perichondrium. Patient was over eighty (80) years of age. Presented by Dr. FLUHRER, Dec., 1879.

No. 452.

Fracture and overlapping of the cartilage of a rib.

453.

Fracture of Gladiolus, between second and third ribs.
Presented by Dr. ISHAM.

454.

Fracture of sternum junction of Manubrium and Gladiolus.

455.

Exsection of scapula for necrosis.

455 A.

Fracture of the coracoid process of the left scapula. Pre-
sented by Dr. WIGGIN.

456.

Fracture of clavicle acromial end.

457.

Fracture of middle of clavicle union with deformity.

458.

Fracture of clavicle comminuted.

459.

Fracture of clavicle. Removed at an autopsy May 29th,
1867, by Dr. JAMES R. WOOD.

460.

Fracture of clavicle; middle of bone, oblique in direction.

461.

Fracture of acromial end of clavicle; good union.

No. 462.

Fracture at middle of clavicle, with overlapping of fragments, but good union.

463.

Fracture of the acromial third of clavicle with overlapping of the fragments, but good union.

464.

Fracture of acromial third, with large deposit of bone.

465.

Fractures of both sternal and acromial end of clavicle.

466.

Clavicle showing well marked double curvature.

467.

Fracture at greater curvature of the clavicle, with overlapping of fragments and bad deformity.

468.

Fracture of middle of clavicle.

469.

Necrosis of acromial end of clavicle.

470.

Necrosis of clavicle.

471.

Necrosis of clavicle.

472.

Necrosis and abscess of body of clavicle. Presented by
Dr. HAMILTON.

473.

Exostoses of clavicle, resulting from fracture.

No. 474.

Fracture of surgical neck of humerus without bony union.

475.

Fracture of coracoid process, showing ligaments of joints.

476.

Fracture of humerus, lower fourth. No union.

477.

Fracture of humerus, lower fourth. No union.

478.

Fracture of condyles of humerus in a transverse direction.

479.

Fracture of condyles of humerus occurring during strumous disease of joint.

480.

Fracture of humerus, compound comminuted from gunshot wound. Amputated by Dr. Wood, at Oyster Bay, Sept., 1879. Recovery.

481.

Fracture of condyles of humerus, with necrosis of olecranon process of ulna.

482.

Fracture of external condyle of humerus.

483.

Fracture through condyles, with partial dislocation of radius outwards—osseous ankylosis.

No. 484.

Fracture through condyles of humerus; also of the olecranon of ulna and of head of radius through cervix, and a longitudinal and transverse fracture through shaft of radius.

485.

Fracture of humerus—compound comminuted—lower third. Ununited; secondary amputation; recovery.

486.

Sub-coracoid dislocation of humerus and fracture of surgical neck, with formation of new glenoid cavity.

487.

Sub-glenoid dislocation of head of humerus with fracture of surgical neck. This dislocation with fracture occurred some four years previous to patient's death. The patient had as good movement of the arm as occurs after resection of the head of humerus. Patient came to hospital four years after injury with compound comminuted fracture of upper end of humerus. Died from erysipelas and delirium tremens.

488.

Sub-glenoid dislocation of humerus.

488 A.

Sub-coracoid dislocation of the humerus.

489.

Sub-coracoid dislocation of humerus with formation of new glenoid cavity. Motion of new joint good; also fracture of acromion process.

490.

Necrosis of humerus.

No. 491.

Necrosis of humerus. Disease was of some months standing. The dead bone was seen projecting from the arm just below the insertion of the deltoid. Removed by Dr. JAS. R. WOOD, at his clinic at Bellevue Hospital, Nov. 9th, 1877.

492.

Necrosis of shaft of humerus, showing sequestrum and involucrum. Presented by Dr. WHITTLESEY.

492 A.

Necrosis and caries of the lower third of humerus.

493.

Necrosis of head of humerus, with interstitial absorption of head and neck, due to strumous disease.

494.

Necrosis of head and neck of humerus.

495.

Necrosis and abscess of humerus. Sequestrum removed.

495 A.

Necrosed humerus. Presented by Dr. GARRETT, of South Carolina.

496.

Anchylosis of head of humerus with glenoid cavity. Rheumatic.

497.

Anchylosis of humerus to ulna and radius, with partial dislocation of head of radius.

498.

Osteophytes of humerus from rheumatic ostitis.

No. 499.

Humerus showing osteophytes.

500.

Strumous disease of shoulder joint. Presented by Dr. WHITTLESEY.

501.

Rheumatic arthritis of shoulder joint, with necrosis of coracoid process.

502.

Strumous periostitis of humerus, with necrosis of the lower portion of shaft.

503.

Amputation of shoulder joint for extensive burns.

504.

Exsection of shoulder joint, by Dr. JAS. R. WOOD. Recovery.

505.

Exsection of head of humerus. Recovery.

506.

Exsection of head of humerus. Recovery.

507.

Fracture of ulna, compound, and of radius; also fracture of humerus.

508.

Fracture of ulna and radius, union with deformity.

509.

Fracture of ulna and radius, lower third, union with deformity.

No. 510.

Fracture of the ulna (gun-shot) and of radius. The arm was amputated by Dr. JAS. R. WOOD, in 1837, and was his first operation after graduation.

510 A.

Fracture of ulna and radius, lower third, union with deformity.

511.

Fracture of ulna and radius, lower fourth, also fracture of olecranon. Osseous ankylosis.

512.

Fracture of ulna and radius, lower fourth, with overlapping of fragments, also fracture of posterior lip of articulating surface of radius, known as Barton's fracture.

513.

Colles' fracture, fracture of styloid process, involving an inch of lower end of ulna.

514.

Fracture of both ulna and radius, with great deformity.

515.

Dislocation of ulna backward, with partial dislocation of radius outward, also fracture of condyles of humerus, and fracture of upper end of ulna.

516.

Dislocation of ulna and radius backwards, and fracture of condyles of humerus, with ankylosis of joint.

517.

Dislocation backwards of radius and ulna.

No. 518.

Strumous disease of elbow joint, with dislocation of ulna occurring during progress of disease. Anchylosis at angle of forty-five degrees.

519.

Strumous disease of elbow joint ; osseous anchylosis, with dislocation of radius forwards.

520.

Strumous disease of elbow joint ; osseous anchylosis at right angle.

521.

Rheumatic Arthritis, and ostitis of wrist and elbow-joint.

521 A.

Rheumatic Arthritis of the head of the radius.

522.

Strumous disease of elbow-joint, with osseous union and bifid condition of humerus, partial dislocation of ulna forwards, with anchylosis of ulna to humerus.

523.

Strumous disease, amputation of arm by Dr. JAS. R. WOOD.

524.

Resection of elbow-joint by Dr. JAS. R. WOOD, Nov. 9th, 1877. Recovery with good motion.

525.

Resection of elbow-joint by Dr. JAS. R. WOOD, Nov. 25th, 1876. Recovery.

No. 526.

Resection of elbow-joint, by Dr. JAS. R. WOOD, for strumous synovitis. Recovery with good motion.

527.

Resection of the elbow-joint. Olecranon, head of radius, and portion of the humerus removed from the arm of Mr. Bourguignon, Assistant of Prof. DOREMUS, who was injured while working in the chemical laboratory of Bellevue Hospital Medical College, by the bursting of a cast-iron tank, containing hydrogen gas. There was a compound fracture of the radius and ulna, a fracture of the humerus, and the elbow joint was open. The arm was treated by the open method, and the patient made good recovery, and has now a very useful arm, with good motion. The operation was performed by Dr. JAS. R. WOOD.

527 A.

Resection of the elbow-joint. Necrosis following a blow on the elbow caused the joint to open, and involved so much of the humerus that three quarters of an inch had to be removed. There was no ankylosis, the arm was never useful, and the patient died in about one year of phthisis. Presented by Dr. HENKEL.

527 B.

Resection of the elbow-joint, performed by Dr. JAS. R. WOOD. Patient made good recovery.

528.

Fracture of ulna with exostosis of radius.

529.

Fractures of olecranon and coranoid process of ulna, with great displacement and dislocation of radius outwards.

530.

Fracture of shaft of ulna, middle third, with large deposit of bone uniting it with radius.

No. 531.

Fracture of ulna (ununion) with rheumatic inflammation of ulna and radius at elbow-joint.

532.

Fracture of ulna, lower fourth, with great deformity. Presented by Dr. F. S. DENNIS.

533.

Necrosis of ulna. Central.

534.

Necrosis of ulna from periostitis.

535.

Colles' fracture, without deformity.

536.

Fracture of radius ununion, middle of shaft with bony union (exostosis) between radius and ulna.

537.

Barton's fracture. Chipping off of posterior lip of articulating surface of radius.

538.

Barton's fracture. (See 512.)

538 A.

Fracture of the radius at middle of the shaft, with osteitis of the lower half of the bone.

539.

Necrosis and caries of radius.

No. 540.

Amputation of radius and ulna, by Dr. WOOD.

541.

Amputation of arm from railroad accident, by Dr. JAS. R. WOOD.

541 A.

Amputation of arm; middle third. There is a compound fracture of the radius and ulna at the middle third, a hickory stick fracture of the radius and ulna at the lower end and a fracture of the humerus. Amputated and presented by Dr. FIELD.

542.

Spina Ventosa. Amputated and presented by Dr. CHAS. D. SMITH.

543.

Radius showing great hypertrophy. There has been an increase in the length of the bone as well as in the diameter, causing it to bend in the centre. Presented by Dr. JANEWAY.

543 A.

Radius found on the battle-field of Waterloo, by Dr. JAS. R. WOOD in 1868.

544.

Separation of epiphyses in small child.

545.

Strumous disease of carpal bones, with osseous ankylosis.

546.

Gouty deposit and deformity of fingers and thumb.

547.

Contraction of fingers from rheumatic gout.

No. 548.

Rheumatic gout of hand and fingers (same subject as above.)

549.

Hand, showing contraction caused by rheumatic gout.

550.

Hand, crushed by horse-car. Amputation by Dr. Wood. Recovery.

551.

Exsection metacarpal bone—index finger.

LOWER EXTREMITY.

552.

Bones of lower extremity, showing rickets. Right side.

553.

Same as above (left side).

554.

Femur, showing rickets.

555.

Femur, showing rickets.

556.

Femur, showing rickets.

557.

Tibia and fibula, showing rickets.

No. 558.

Tibia and fibula, showing rickets.

559.

Tibia and fibula, showing rickets.

560.

Skeleton, showing rickets. (See specimen No. 1,235.)

561.

Bones of right leg, showing rickets.

562.

Bones of left leg, showing rickets.

NERVOUS SYSTEM—BRAIN & MEMBRANES.**563.**

Pachymeningitis hemorrhagica interna, from a patient who had interstitial Bright's disease and a fatty heart. Patient suffered from partial dementia.

464.

Pachymeningitis hemorrhagica interna.

565.

Specimen of dura mater from a woman 24 years of age, who died suddenly. There were rupture of a cerebral vessel and meningeal hemorrhage. The dura mater shows calcific plates. Presented by Dr. GOLDSCHMIDT.

No. 566.

Solitary tubercular tumor of brain (cerebrum).

567.

Solitary tubercles in cerebellum.

568.

Hypertrophy of pineal gland.

569.

Atrophy of left cerebral hemisphere.

569 A.

Abscess of brain.

570.

Abscess of cerebrum.

571.

Abscess of cerebrum.

572.

Abscess of cerebellum.

573.

Brain, showing cyst in left anterior frontal convolution, due to cerebral softening. The patient sat with his hands grasping his head, and shrieking loudly at intervals. He had voluntary motion. Remained in Bellevue Hospital 24 hours and died there. No previous history.

574.

Two blood cysts of the dura mater; one as large as a turkey's, the other as large as a hen's egg. They grew from the internal surface of the membrane, and are close to each other.

No. 575.**Meningoccele.****576.****Glio-sarcoma** of brain.**577.****Gummata** of brain, occipital lobe.**578.****Sarcoma** of the dura mater.**579.****Sarcoma** of the dura mater. Patient died in convulsions.**580.**

Glio-sarcoma of cerebrum. There is a tumor in the right posterior lobe of the cerebrum, of ovoid shape, $2\frac{1}{2}$ inches in its greatest diameter. It occupies the entire thickness of the cerebral lobe, the arachnoid and dura mater being adherent over its superior surface. It is easily enucleated from the surrounding brain substance, the latter being much softened. It is of a yellowish opaque white color, mottled with gray. The white portions are firm, the gray softer. The gray portions consist of

1st. Numerous blood vessels containing blood.

2d. A great number of small transparent cells, identical in appearance with those found in the normal gray matter of the cerebellum, averaging .007 mm. in diameter; also some large cells .014 mm. in diameter.

3d. A very delicate fibrous net-work. The yellowish portions show nothing but granular matter and a few fibres.

581.

Fibro-sarcoma of the dura mater. The tumor is the size of a hen's egg, and is attached to the internal surface of the dura mater. It consists of fusiform cells and fibrous tissue.

No. 582.

Sarcoma of cerebrum.

583.

Carcinoma of cerebrum. Frontal lobe.

584.

Fracture of skull, with blood-clot between bone and dura mater.

585.

Blood-clot of the size of a man's fist, situated between the bone and the dura mater, pressing on the left middle lobe of the cerebrum.

586.

Pituitæ in the cerebellum.

587.

Softening of brain, with degeneration of cerebral arteries and formation of a clot. A plug may be seen in the right middle cerebral artery.

587 A.

Extensive red softening of the left Island of Reil, anterior portion of the first temporo-sphonoidal convolution, anterior portion of the nucleus caudatus, the internal capsule, the whole of the lenticular nucleus, external capsule, and claustrum.

The softening was due to an embolus with consecutive thrombosis of the left middle cerebral artery, a little beyond the anterior perforated space. The source of the embolus was from a thrombus formed in the apex of the left ventricle of the heart. In this apex were several small grayish red thrombi among the columnæ carneæ. There was advanced chronic diffuse nephritis, the kidney being small and granular. Both the right and left ventricles of the heart were enlarged, chiefly the latter. The hypertrophy seemed to compensate the dilatation. There were no valvular lesions. The patient was aphasic. Distension and increased tension in the veins of the neck was observed, which may account for the hemorrhagic character of the infarction.

No. 588.

Meningeal apoplexy at base of brain.

589.

Clot on the internal surface of the dura mater; pachymeningitis.

590.

Blood clot in brain; hemorrhage into optic thalamus, on left side.

591.

Hemorrhage in the external capsule, optic thalamus and lenticular nucleus on left side.

592.

Psammoma of dura mater. From a man forty years old, in whom attacks of dizziness and unconsciousness appeared, as the first cerebral symptoms about five months before his death. The tumor is situated over the body of the sphenoid bone, just in front of the sella turcica. It grows from the dura mater, and has invaded the bone beneath it, and has also displaced the brain above it. It is irregular, lobe-shaped, and about two inches in diameter; firm and gritty to the touch. It consists of bands of connective tissue, and of a large number of laminated bodies which usually exist in a small number in the brain. Most of these laminated bodies contain globular calcareous masses, which can be dissolved by nitric acid.

593.

Cholesteatoma of the cerebellum. The interior of the cyst presented several super-imposed layers of cholesterin, which glistened and had a pearly appearance.

594.

Dura Mater, showing formation of superior longitudinal sinus, with deposit on it of calcarous matter.

595.

Hydrocephalic head.

SPINAL CORD.

No. 596.

Gummy tumor of the spinal cord in the lumbar region.

597.

Gunshot injury to spinal cord. The cord contains the bullet. There is considerable atrophy of the cord below the wound. The point of injury is about opposite the seventh (7) cervical vertebra. The patient was paralyzed immediately, and had no sensation or motion of any kind below the nipples. The paraplegia continued until patient's death, which took place seven (7) months after the injury.

NERVES.

598.

Peripheral neuroma following amputation. Two small tumors continuous with the anterior and posterior tibial nerve trunks, and also adherent to each other. They were removed from a stump in which they had grown after amputation of the leg.

599.

Right superior maxillary nerve extirpated to relieve facial neuralgia, by Dr. JAMES R. WOOD. Case of Joseph Jones. See *New York Medical Journal*, June, 1879.

600.

Left superior maxillary nerve, extirpated to relieve facial neuralgia, by Dr. JAMES R. WOOD. Entire exsection of nerve from its exit from the foramen rotundum to the infra-orbital foramen, including Meckel's ganglion. Case of Wm. S. R. Taylor. See *New York Medical Journal*, June, 1879.

601.

Superior maxillary nerve, extirpated for facial neuralgia. Same operation as specimen 602. Case of Emma Brunt. See *New York Medical Journal*, June, 1879.

No. 602.

Superior maxillary nerve, extirpated for facial neuralgia. Case of Michael Doyle. See New York Medical Journal, June, 1879.

603.

Superior maxillary nerve. This specimen is the head of Michael Doyle (see specimen 602), willed by him to Dr. JAMES R. WOOD for pathological investigation. See New York Medical Journal, June, 1879.

CIRCULATORY SYSTEM—PERICARDITIS.**604.**

Heart showing pericarditis.

605.

Heart showing pericardial adhesions.

606.

Heart showing pericarditis.

607.

Heart showing pericarditis.

608.

Heart of a female who was brought to Bellevue Hospital and assigned to Prof. ALONZO CLARK's division. She was in a moribund condition, and died shortly after. No history could be obtained. The autopsy revealed the presence of two teeth, and a portion of the plate to which they are attached, in the cavity of the pericardium. They had been swallowed by the patient, lodged in the œsophagus, through which they ulcerated into the pericardium, causing pericarditis, which is well shown in the specimen, and death.

No. 609.

Heart showing hydro-pericardium. The heart is small and the pericardial sac is immensely distended with serum.

610.

Heart showing pericarditis with large deposit of adipose tissue on the surface of the heart.

611.

Heart showing pericarditis.

ENDOCARDITIS.**612.**

Heart showing endocarditis. The heart is from a female, aged thirty-one years, and weighs sixteen ounces. The endocardium of the left ventricle is thick, white, and in several places much roughened. To these rough spots small portions of coagulated fibrin are adherent. The mitral valve is insufficient.

613.

Heart showing endocarditis, with rupture of the chordæ tendinæ of the mitral valve. Heart of the great comedian, B——. Presented by Dr. CRANE.

HYP. & DIL.**614.**

Heart showing hypertrophy and dilatation of left ventricle with aneurismal dilatation of apex of left ventricle and myocarditis. Presented by Dr. W. H. WELCH.

615.

Heart showing eccentric hypertrophy, with excessive dilatation of the heart and relative valvular insufficiency.

No. 616.

Heart showing dilatation.

617.

Heart showing hypertrophy and dilatation. Weight was two pounds, six ounces and three drachms.

618.

Heart with hypertrophy and dilatation, with calcification of aortic valves and adhesions of the segments of the valves.

619.

Heart with hypertrophy. It weighed when fresh two and one-half pounds, both aortic and mitral valves are calcareous.

VAL. LESIONS.**620.**

Heart showing mitral stenosis, fenestration of aortic valves; abnormal chordæ tendineæ.

621.

Heart with calcification of aortic and mitral valves.

622.

Heart with congenital mitral stenosis. Presented by Dr. JANEWAY.

623.

Heart with vegetation of aortic valves, ventricular surface.

624.

Heart with vegetation of mitral valves, auricular surface.

625.

Heart showing stenosis, mitral valves.

No. 626.

Heart showing calcification, aortic and mitral.

627.

Heart showing vegetations of aortic and mitral valves, with stenosis of mitral valve.

628.

Heart showing vegetations of aortic valves. Patient aged forty, who died with acute cerebro spinal meningitis; the aortic valves are atheromatous and attached to one of the segments is a mass of vegetations. One of the segments of the valve has become stretched into a sort of pouch, the septum between it and the adjoining valve being pushed to one side.

629.

Heart with vegetations of aortic valves.

630.

Heart with aortic valves ruptured.

631.

Heart with aortic and mitral atheroma.

632.

Heart with atheroma of aortic and mitral valves. From a man aged twenty-six, who had an embolus in the right middle cerebral artery, with corresponding softening in the brain. The heart weighed fifteen ounces, the aortic valves are thickened, rigid and atheromatous. The mitral valves are in the same condition; the chordæ tendinæ are short and thick, and there is a hard rough projection on the auricular surface of the valve. The valvular opening is much narrowed.

633.

Heart showing semi-lunar valves, atheromatous and with vegetations.

T H R O M B I.

No. 634.

Thrombus of left ventricle, hypertrophied and dilated heart. Weight, nineteen ounces. At the apex of the left ventricle is a firm laminated thrombus, intimately adherent to the wall of the ventricle. The thrombus is ante-mortem. There was an embolus in the left middle cerebral artery, which had caused softening of the brain.

635.

Thrombus projecting from left auricle into ventricle; pericarditis also exists.

636.

Thrombus of tricuspid valve. Presented by Dr. W. H. WELCH.

637.

Thrombus in apex of right ventricle. Presented by Dr. W. H. WELCH.

638.

Thrombus of left auricle. The heart is from a female, aged thirty-two years, of intemperate habits. Thirteen days before death she was seized with chills, fever, and dyspnoea. The pain was on the left side, and there were the physical signs of pleuro-pneumonia on the same side. The autopsy showed pleurisy on the left side, with a pulmonary apoplexy surrounded by pneumonia in the left lower lobe, and a more recent apoplexy in the right lower lobe. The heart weighed nine oz. In the left auricle, firmly attached to the mitral valve, and almost completely closing it, was a firm globular thrombus almost the size of a chestnut.

639.

Thrombus at apex of left ventricle.

640.

Thrombus at apex of left ventricle.

POLYPI.

No. 641.

Vascular polypi of the Heart. The right auricle and ventricle are both dilated. Attached to the inner surface of the right auricle at a point half an inch from the tricuspid valve, and close to each other, are two polypi. One of them is nearly spherical, two and a half inches in diameter, has a small, round pedicle firmly attached to the wall of the auricle. It is entirely contained within the cavity of the auricle. The other polypus is oval in shape, three and one-half inches long, and has a small pedicle, which projects through the auriculo-ventricular opening into the ventricle. It is much calcified, and its free extremity is broken and ragged. When fresh both polypi were of similar appearance. They are formed of a yellow semi-translucent elastic tissue, and are in part calcified the oval one much more than the other. Vessels filled with blood on the external surfaces of the polypi were distinctly seen by several observers. On minute examination it was found that a thin membrane could be dissected up on the external surfaces of the polypi. It was composed of a network of fibres, and was continuous with the endocardium. The body of the polypus was composed of—

First. Blood vessels in considerable numbers, arterics, and capillaries, some still containing blood globules.

Second. Cells, round, oval, and stellate, .018 mm. in diameter, mostly nucleated, pale or slightly granular; also some spindle cells.

Third. Fibres interlacing irregularly and forming bands, differing in appearance from the fibres formed by the coagulation of fibres.

Fourth. A transparent homogeneous, finely granular basement substance.

Fifth. Calcareous matter, which upon addition of sulphuric acid, was dissolved with the production of bubbles of gas and acicular crystals. One of the principal branches of the pulmonary artery is completely occluded by a mass of calcareous matter. This is the only case of the kind that can be found on record. Presented by Dr. WOOSTER BEACH, December, 1866.

G U M M A T A .**No. 642.**

Gummata of heart.

643.

Gummata of heart.

T U M O R S .**644.**

Fibroma of pericardium.

645.

Carcinomatous nodulus of pericardium. Secondary deposit.

646.

Tuberculosis of heart, and abnormal chordæ tendineæ.

647.

Pistol shot wound of ventricle of heart and lungs. Patient died ten days after injury from pericarditis and pneumonitis. Presented by Deputy Coroner, Dr. McWHINNIE.

648.

Stab wound of heart with sheath-knife; received in fore-castle of S. S. "Alsatia." The murderer was found guilty and was sentenced for life. Presented by A. N. WHITE, keeper of the morgue.

649.

Rupture of left ventricle. Presented by Dr. THOMAS M. MORCAL.

No. 650.**Wound** of heart.

A man was struck with an ice-pick on his left breast; the weapon passing between his fourth and fifth ribs, piercing the pericardium and entering the right ventricle. Death did not ensue for several days. The pericardium was filled with a large clot, coated with fibrinous exudation. About the middle of the anterior wall of the right ventricle was a small perforating wound.

MISCELLANEOUS.**651.**

Heart of a lion.

652.

Heart of an ostrich.

653.

Heart of a giraffe.

654.

Heart showing abnormal chordæ tendineæ in left ventricle.

655.

Heart with four segments to the pulmonic valves. Presented by Dr. GASPAR GRISWOLD.

656.

Heart which was transposed to right side. From NATHAN RENELTS. Presented by Dr. JANEWAY.

657.

Heart aorta injected with plaster of Paris, showing aortic semi-lunar valves closed and distended. Presented by Dr. JANEWAY.

No. 658.

Heart showing four pulmonary valves.

659.

Heart showing brown atrophy.

660.

Heart with open foramen ovale, and incomplete closure of septum auricularum.

ARTERIES & VEINS—ANEURISMS.**661.**

Aneurism of heart at the apex of left ventricle; due to myocarditis.

662.

Aneurism of septum of heart; communicating with left ventricle and aorta, near the semi-lunar valves.

663.

Aneurism of heart; communicating with left ventricle, just above the aortic segment of the mitral valve. Syphilitic.

664.

Aneurism of the heart.

Aneurism, the size of a child's head at birth; communicating with the left ventricle at its base, near the aortic segment of the mitral valve. Atheroma is present, and there is also a diffuse aneurism of the arch of the aorta.

665.

Rupture of the aorta.

666.

Rupture of aorta.

No. 667.

Aneurism of ascending aorta; ruptured within pericardium.

668.

Aneurism of ascending aorta.

Patient began to complain of pain and swelling at the junction of the fifth rib and sternum on the right side, about eleven weeks before his death. He also complained of cough and dyspnoea. The swelling continued to increase until it covered the junctions of the third, fourth, and fifth ribs, with the sternum on the right side. The tumor pulsated, and there was a single murmur synchronous with the first sound of the heart. The apex of the heart was displaced to the left and there was a diastolic murmur at its base. The patient died from exhaustion and the autopsy revealed the following conditions: There was a large aneurism of the ascending portion of the arch of the aorta. The sac was nearly filled with fibrin, and was adherent to the cartilages of the third, fourth and fifth ribs, and the right half of the sternum. The opening into the aorta was just above the valves. The aneurism had invaded and formed a large cavity in the upper part of the septum, between the ventricles. This cavity did not open into either ventricle. The aneurismal sac communicated by a small opening with the pulmonary artery just above the valves.

669.

Aneurism of ascending portion of aorta.

670.

Aneurism which was diffuse of the ascending portion of arch, and sacculated aneurism of transverse portion.

671.

Aneurism of the sacculated variety of ascending portion of aorta, just above the semi-lunar valves.

672.

Aneurism of ascending portion of the arch of the aorta.

No. 673.

Aneurism of ascending portion of the arch of the aorta: rupture into the pericardial sac.

674.

Aneurism of the ascending arch and of a portion of the descending arch, eroding the upper portion of the sternum and the first rib on the right side.

675.

Aneurism fusiform in character of ascending arch within the pericardium, and a false aneurism of the transverse arch.

676.

Aneurism of ascending and transverse arch of the aorta. The innominate and subclavian arteries are also involved.

677.

Aneurism of the ascending arch of the aorta.

678.

Aneurism at the junction of the ascending with the transverse portion of the aorta. From an unknown man who died in the dispensary of the Out-door Poor Department, March 5. 1880, at 3 o'clock P. M. He died suddenly, while talking, the blood flowing out of his mouth. The aneurism had ruptured into the trachea, just opposite the left primary bronchus, by two openings. Both lungs were almost completely filled with blood, the left, however, more so than the right. The heart was normal in size, and the valves were not diseased, with the exception of having very slight atheromatous deposit at their bases. The arteries were atheromatous. Presented by Dr. CARPENTER.

679.

Aneurism of ascending arch of the aorta.

No. 680.

Aneurism of the transverse portion of the arch. There was pressure on the bronchi, and to relieve laryngeal symptoms, laryngotomy was performed. Presented by Dr. WOOSTER BEACH.

681.

Aneurism of transverse and descending portion of arch. Presented by Dr. LIVINGSTON.

682.

Aneurism of arch of aorta. Death from asthenia, due to several alarming external hemorrhages. (See records of the Second Surgical Division, 1875, page 244, Bellevue Hospital.

683.

Aneurism of the transverse portion of the arch of the aorta.

684.

Aneurism of arch of aorta.

685.

Aneurism of the arch of the aorta.

686.

Aneurism. This is a dried specimen, showing fusiform variety of aneurism of the arch of the aorta; showing also aortic valves.

687.

Aneurism of arch of aorta, causing absorption of the manubrium of the sternum from pressure.

688.

Aneurism of transverse part of arch.

689.

Aneurism of transverse arch of aorta.

690.

Aneurism of transverse arch of the aorta.

No. 691.

Aneurism of the transverse arch of the aorta. Pressure upon the bronchi and trachea, threatened suffocation, laryngotomy performed.

692.

Aneurism of the transverse arch of the aorta.

693.

Aneurism of the arch of the aorta.

694.

Aneurism of the transverse arch of the aorta.

695.

Aneurism of the transverse arch of the aorta.

696.

Aneurism of descending part of arch. Rupture into left bronchus.

697.

Aneurism of sacculated variety of descending portion of the aorta, filled with clot.

698.

Aneurism of descending portion of arch, compressing trachea and left bronchus. Presented by Dr. W. H. WELCH.

699.

Aneurism of descending portion of arch. Plastic injection of vessel. Specimen from a man about fifty years of age. A small valvular opening was found communicating with the pleural cavity, close to the spinal column. The patient had died so slowly that he was thought to have "pleuritis" with effusion. When the aorta was distended by the cardiac systole, the valvular rent was pressed against the vertebra, thus preventing the escape of blood; but when the artery began to contract, the blood oozed through the opening, causing death slowly, with symptoms of dyspnœa. Presented by Dr. Jno. A. WYETH, 1877.

No. 700.

Aneurism of descending portion of arch, causing erosion of the bodies of some of the dorsal vertebræ; also of the heads, necks and bodies of several of the upper ribs.

701.

Aneurism of descending portion of the arch of the aorta. There was perforation of the œsophagus, due to pressure of the tumor, which finally ruptured into that organ.

702.

Aneurism, dissecting variety, of thoracic aorta. The patient was over sixty years of age, a very fleshy man; was thrown out of his carriage one Saturday morning. The fall caused some concussion at the time, but these symptoms passed off readily. On Monday morning, while sitting in his library, he suddenly said to his wife, "I feel sick; ask the servant to bring me a bowl quickly." He made two efforts at vomiting, and died in his chair at once. The right pleural cavity was found to be filled with blood, the aneurism having ruptured into it.

703.

Aneurism of thoracic aorta, extending down to the abdominal portion of the same vessel. The bodies of the ninth, tenth, eleventh, and twelfth dorsal vertebræ are laid bare, are partially absorbed and necrosed. The aneurismal sac measures twenty-seven and one-half inches in its vertical circumference and twenty-five inches in its transverse.

704.

Aneurism of the thoracic aorta, extending down to and involving the coeliac axis.

705.

Aneurism of thoracic aorta; erosion of several dorsal vertebræ and rupture of aneurism into pleural cavity.

No. 706.

Aneurism of lower portion of abdominal aorta; bodies of vertebræ eroded by pressure and absorbed.

707.

Aneurism of abdominal aorta, with erosion of the vertebra.

708.

Aneurism of abdominal aorta, with erosion of vertebræ and ulceration into the spinal canal, the blood being discharged into the theca of the cord, and producing paraplegia.

709.

Aneurism of the abdominal aorta, false and diffused, with erosion of the vertebræ.

710.

Aneurism of abdominal aorta, involving coeliac axis. This man was found dead in a water-closet in consequence of rupture of the sac, probably due to straining. He was under treatment by Dr. JAS. R. WOOD for a stricture of the urethra at the time.

711.

Aneurism of abdominal aorta; patient died from rupture.

712.

Aneurism of abdominal aorta; erosion of lumbar vertebræ; ulceration into spinal canal, causing paraplegia and death.

713.

Aneurism of abdominal aorta, involving coeliac axis, and eroding several of the dorsal vertebræ.

714.

Aneurism of the mesenteric artery.

No. 715.

Aneurism of external iliac artery. Deligation performed by Dr. JAS. R. WOOD. Patient died uraemic; had fatty liver and Bright's disease. The only unfavorable termination out of eight similar operations by Dr. Wood.

716.

Aneurism of the right external iliac artery.

717.

Aneurism of the femoral artery.

718.

Aneurism of the popliteal artery, for which the thigh was amputated.

719.

Aneurism of the innominate artery.

720.

Aneurism of innominate artery ulcerating into trachea.

721.

Aneurism of the innominate artery. Case of Mary Russell, Bellevue Hospital, Third Surgical Division, see History Books. By pressure more than one-third of the left clavicle is absorbed; the gladiolus and manubrium are also partially absorbed. The tumor extended up nearly to the lower jaw. There was also a fusiform aneurism of the arch of the aorta.

722.

Aneurism of innominate artery, with erosion of sternum, clavicle and first rib.

723.

Aneurism of the innominate artery.

No. 724.

Aneurism of the innominate artery. Presented by Dr. JNO. B. ISHAM.

725.

Aneurism of subclavian artery with erosion of ribs.

726.

Aneurism of the right subclavian artery. The clavicle is eroded, and the aneurism extended downwards, and occupied the anterior portion of the thorax and the right side.

727.

Aneurism of the false variety of the brachial artery. The condyles of the humerus are completely absorbed. Amputated by Dr. Barker, of Morristown, N. J., and presented by him.

728.

Ligature of common carotid artery after its injury, by a man who attempted suicide by cutting his throat. The original injury to the throat was superficial, and did not involve the vessel. The wound healed, with the exception of a small point as big as a pin. Three or four very small hemorrhages occurred through this opening. Finally, a large hemorrhage took place, and Dr. Chas. Phelps, who presented the specimen, crowded his finger into the hole and controlled the hemorrhage, while he, with the other hand, cut down, found the artery, and with the assistance of his teeth, tied the ligature.

729.

Ligature of common carotid artery for carcinoma of jaw and cheek, extending down into fauces. The patient had hemiplegia twenty-four hours after the operation, and died of acute softening of the brain.

730.

Ligature of common carotid artery.

No. 731.

Ligature of common carotid artery. Presented by Dr. CHAS. PHELPS.

732.

Aneurism of the basilar artery.

733.

Wound of the internal carotid artery and internal jugular vein by an attempt at suicide. Death instantaneous.

734.

Sabre-wound of internal jugular vein, arrested by compression; man died afterwards from exhaustion in Bellevue Hospital.

735.

Incised wound of the subclavian artery.

736.

Ligature of subclavian artery for traumatic aneurism of the brachial artery, by Dr. Bontecau, of Troy, N. Y. Presented by Dr. BUNSMAN for Dr. Bontecau.

737.

Ligature of both carotid arteries, with an interval between each operation, for malignant disease of the antrum, extending into the fauces. The patient recovered from both of these operations, and died some time afterwards from the progress of the disease. (See "Gunther's Operations Lehre.")

738.

Ligature of carotid (common) and subclavian arteries on the same side, for the cure of aneurism; beautiful dissection, showing the avenues by which circulation was kept up.

No. 738 A.

Dissection of injected specimen, showing anastomotic circulation following the deligation of the external iliac artery. This specimen is from a patient who consulted Dr. JAS. R. WOOD in June, 1867, for a tumor in the right groin. The patient, T. W., first noticed the swelling in 1862, while a soldier in the U. S. army. It increased until 1865, when he was obliged to stop work. Dr. Wood decided that it was an aneurism high up on the femoral artery and advised operation. This was done by Dr. Wood on July 12th, 1867, in the amphitheatre at Bellevue Hospital. The patient was discharged cured on August 28th, the tumor having decreased so as to be hardly appreciable, the pulsation having entirely stopped from the date of operation. The tumor, before operation, was as large as a small sized coconut. In this case the epigastric artery was also tied, which has been Dr. Wood's method of procedure in six of his eight cases of deligation of the external iliac. This was done to prevent return circulation in the sac, which had occurred in one of Dr. Wood's cases, where the epigastric artery was not tied. The patient died in Bellevue Hospital of phthisis pulmonalis on May 25th, 1880, and the specimen was prepared by Dr. H. G. WILDMAN, Dr. Wood's house-surgeon at the time.

739.

Atheroma and ulceration of ascending portion of the aorta.

740.

Calcified coronary arteries.

741.

Atheroma and extensive calcification of the abdominal aorta.

742.

Atheroma and calcification of thoracic aorta.

743.

Calcification of coronary arteries. Presented by Dr. Treadwell.

No. 744.

Calcification of an artery.

744 A.

Calcification of abdominal aorta, internal and external iliac.

745.

Thrombosis of the coronary arteries.

746.

Thrombosis of the common and external iliacs.

747.

Thrombosis of a large vein.

748.

Arterio-venous aneurism between the descending vena cava and the beginning of the transverse arch. Presented by Dr. CORNELIUS ALCOTT.

749.

Secondary carcinoma of the aorta.

RESPIRATORY SYSTEM—LARYNX, TRACHEA, LUNGS.

750.

Febrinous laryngo-bronchitis.

751.

Larynx with membranous cast; result of true croup.

752.

Chronic laryngitis.

No. 753.

Syphilitic ulceration of the larynx. Patient was admitted to Bellevue Hospital April 10th, 1875, and stated that six months previous he had become inoculated with syphilis. He began to lose his voice, and an abscess formed over the thyroid cartilage. This was opened April 16th. He had oedema of the glottis, which was relieved by scarification. Subsequent to this he suffered from great and persistent dyspnoea, and died June 1st, 1875. Presented by Dr. JOHN E. ALLEN.

753 A.

Larynx and Pharynx, with pin lodged in mucous membrane behind arytenoid cartilages; from dissecting room; no history. Presented by CHAS. SCHONDELMEIER, student Bellevue Hospital Medical College.

754.

Syphilitic Laryngitis. A female, aged twenty-seven years, had been subject to violent attacks of dyspnoea for several years, to relieve which tracheotomy was performed on three different occasions. She finally died of an attack of dyspnoea. The larynx was found to have been the seat of destructive inflammation. The epiglottis was destroyed, and all the soft parts about the vocal cords were very much altered from their normal appearance. There was no evidence of recent inflammation. The liver was the seat of hepatitis gummosa, and the malpighian bodies of the kidneys were waxy.

755.

Syphilitic disease of the larynx.

756.

Tubercular disease of the larynx.

757.

Subglottic abscess, extending from the hyoid bone to the fraenum linguae, where it has perforated. See History Book, First Medical Division, page 237, 1875. Presented by Dr. W. H. WELCH.

No. 758.

Syphilitic ulceration of the larynx.

759.

Syphilitic ulceration of the posterior surface of the larynx, with erosion of the thyroid cartilage. Tracheotomy performed by Dr. W. H. WELCH, and the specimen presented by him.

760.

Larynx, showing perichondritis suppurativa. Presented by Dr. JANEWAY.

TRACHEA.

761.

Secondary carcinoma, external to, and infringing on trachea.

762.

Croupous exudation in trachea. Presented by Dr. LOUIS A. SAYRE.

763.

Fibrinous cast of bronchial tubes after hemoptysis; from Dr. PIPE, Berlin, Canada.

764.

Fibrinous cast of bronchial tubes, from a case of plastic bronchitis. Presented by Prof. A. FLINT, Sr.

PLEURA.

765.

Calcified false membrane of pleura.

766.

Lipoma of parietal pleura.

767.

Fibroid nodules on the parietal pleura, which are minute in size.

LUNGS.

768.

Congenital atelectasis of lungs.

No. 769.

Calcareous concretions from phthisical lungs, obsolete tubercles.

770.

Miliary tuberculosis occurring in a child. There was hip joint disease in its second stage; all the viscera had tubercles.

771.

Lung showing thrombus in pulmonary vessels; no infarction; thrombus in apex of right ventricle. Stab wound of left lumbar region. Patient died of pyæmia. Presented by Dr. W. H. WELCH.

772.

Carcinoma of lung.

773.

Sarcoma of lung.

774.

Fibroid induration of lung. Compressed from pleuritic exudation; pleuritic thickening; melanosis.

775.

Epithelioma of lung. Presented by Dr. MOSELY.

776.

Sarcoma of lung, involving bronchial and mediastinal lymph glands.

777.

Gummata of lung, etc. From a man, sixty years of age, who presented the scar of a chancre on his penis, necrosis of the sternum, and gunny tumors of the liver. He had two attacks of hemoptysis, and died from profuse hemorrhage from stomach and bowels. Portions of both upper lobes of the lungs are preserved. In the left lung there are a few small cavities at the apex, filled with blood, fibrous induration, and several small opaque white tumors. In the right lung there is fibrous induration, and several similar tumors, the largest the size of two peas. These tumors were situated in the new fibrous tissue, and did not fill any of the air cells. They were identical with the tumors in the liver, consisting of fusiform and round cells, and tissue which had undergone cheesy degeneration.

No. 778.

Fibro-enchondroma pulmonum. Specimens show also in some places giant cells and an apparent alveolar structure.

779.

Carcinoma of lungs following carcinoma of lumbar region. The tumor on the back was removed five times, and returned as often. Patient became more and more debilitated, suffered from angina pectoris, and finally died March 1st, 1880. The autopsy disclosed secondary deposits in lungs. The lungs were filled with tumors ranging in size from a pea to the size of an orange. A large mass was situated at the base of the left lung, and another was at the apex of the right lung. Several small tumors were found in the pancreas, and very many in the mesentery. Nearly all the lymphatic glands in the entire body were enlarged. The heart was hypertrophied, but flabby; the kidneys were waxy. For full history of the case see History books, Bellevue Hospital, 1st Surgical Division, February, 1879. Presented by Dr. FIELD, House Surgeon.

780.

Right lung of the above case. (779.)

781.

Pneumonia by foreign body from swallowing particles of food. A piece of bone is in one of the large bronchi.

DIGESTIVE SYSTEM.**TONGUE AND PHARYNX.****782.**

Epithelioma of the tongue, extending into pharynx and larynx.

783.

Carcinoma of the pharynx.

ŒSOPHAGUS.

No. 784.

Carcinoma of the œsophagus. From a woman forty-nine years old, in whom the first symptoms of the disease appeared seven weeks before death. The first symptom she noticed was pain in swallowing, then vomiting, and lastly, ten days before death, hæmatemesis occurred. There was found to be present at the autopsy a large ragged ulcer, embracing the entire circumference of the œsophagus, and about two inches in breadth. The edges of this ulcer, as can be seen, are turned up and thickened, and there is a new growth beginning in the œsophageal wall in the connective tissue beneath the fibrous coat. This new growth has replaced the œsophageal wall and then degenerated so as to form the ulcer. In the thickened edges of the ulcer the new tissue can be seen, and the mucous membrane is thickened. The glands around the œsophagus, and some in front of the pericardium are invaded by the new growth. The new tissue has the character of true carcinoma; large polygonal cells nucleated, and an alveolar arrangement of connective tissue, the latter scanty.

785.

Simple cyst in the wall of the œsophagus of a baby about eight months old, near the cardiac orifice of stomach. The mucous membrane was not involved.

785 A.

Ulceration of the œsophagus, due to drinking some caustic solution.

785 B.

Carcinoma of the œsophagus.

STOMACH.

786.

Carcinoma of the stomach. January, 1871. A man, aged thirty-eight years, a laborer, stated that his sister died of cancer of the breast. He had a chancre in 1849, and was an habitual drinker. One year before his death he began to suffer from pain and tenderness on his right side. A few weeks

before his death he vomited material that looked like coffee grounds, and was much jaundiced. A tumor could be distinctly felt in the epigastrium. His liver was much enlarged. He became more and more emaciated, and finally died. The autopsy revealed a large flattened tumor, with raised edges and depressed centre, situated at the lesser curvature of the stomach, close to, and obstructing the pyloric orifice. At other points of the lesser curvature there were a few small sub-mucous nodules. All the glands about the stomach were much enlarged, and many of them had undergone cheesy degeneration.

787.

Carcinoma of the stomach, adherent to the liver. Presented by Prof. A. FLINT, Sr.

788.

Carcinoma of stomach.

789.

Epithelioma of stomach.

790.

Carcinoma of pyloric extremity of stomach.

791.

Epithelioma of stomach. From an old woman, of whose case no history could be obtained. There was a large projecting fungous mass at the lesser curvature of the stomach, near the pyloric orifice. In the liver were a few white, small nodules. The new growth in the stomach replaced the mucus membrane, and invaded the muscular coat. It consisted of a fibrous basement substance, containing irregular cavities lined with cylindrical epithelium. The nodules in the liver had the same structure, except that the cell had not a distinct cylindrical shape.

792.

Colloid cancer of pyloric extremity of stomach.

793.

Carcinoma of stomach.

No. 794.**Carcinoma** of stomach.**795.****Carcinoma** of stomach.**796.**

Carcinoma of stomach. This specimen is from a single woman, thirty-three years of age, whose mother had carcinoma of the breast, and whose grandmother had epithelioma of the face. The tumor involved the umbilicus and transverse colon, and infiltrated the sub-peritoneal tissues to the left of the umbilicus. Presented by Dr. JANEWAY.

797.

Carcinoma of the stomach, growing into the liver, causing peri-hepatitis and perforation of the upper surface of the liver. The patient was a hard drinker, and supposed he was suffering from dyspepsia. There was a fistulous opening between the stomach and the pleural cavity.

798.

Perforation of the stomach from "Paris green" poisoning. Presented by Dr. J. B. ISHAM.

799.

Stomach, showing the effects of poisoning by arsenious acid. Presented by Dr. W. H. WELCH.

800.

Stomach showing fibroid induration, or cirrhosis of stomach. Presented by Dr. W. H. WELCH.

801.

Stomach showing fibroid induration, which affects chiefly the sub-mucous coat of the lesser curvature.

802.

Stomach showing ulcers, also ulcers of liver and spleen.

No. 803.

Stomach showing perforating ulcer, situated at its lesser curvature.

804.

Stomach showing rupture due to ulceration.

DUODENUM.**805.**

Duodenum showing cicatricial ulcers. x

806.

Duodenum perforated by a metastatic, retro-peritoneal cancer, secondary to carcinoma of the testicle. The autopsy was made April 24th, 1879. The removal of the primary lesion in the testicles in September, 1878, was performed by Dr. Jas. R. Wood. Microscopic examination showed the growth in the testicle to be carcinoma. The autopsy showed a metastatic tumor, taking its origin from the retro-peritoneal glands. This tumor was the size of an adult head; it had ulcerated through the duodenum, at its posterior wall, and the specimen shows the duodenum with the ulcerated spot and a portion of the tumor attached. Presented by Dr. W. H. WELCH.

JEJUNUM AND ILEUM.**807.**

Tuberculous ulceration of the ileum.

808.

Intestine, showing croupous enteritis.

No. 809.

Intestine, showing minute villous projections throughout the jejunum (enlarged solitary follicles).

810.

Intestine, showing acute enteritis.

811.

Intestine, showing typhoid ulcers of ileum.

812.

Intestine, showing typhoid ulcers with perforation. Localized peritonitis.

813.

Intestines, showing myxo-carcinoma.

814.

Intestine, showing typhoid ulcers.

815.

Intestine of a child, showing follicular ulcers.

816.

Intestine, showing typhoid ulceration of the ileum, with perforation.

817.

Intestine, showing carcinoma of the jejunum.

818.

Intestine, showing typhoid ulceration of ileum. Perforation took place twelve inches above the ileo-cæcal valve. General peritonitis. Autopsy October 26, 1878. Presented by Dr. W. H. WELCH.

COLON.

No. 819.

Intestine showing stricture of the transverse colon, malignant, near the junction of the transverse and descending colon. To the right of the stricture is seen an Italian currant, which at times completely occluded the gut by falling into the strictured portion and forming an obstruction comparable to a ball and socket valve. To the left of the stricture is a malignant growth resembling in appearance, size, and color, a large strawberry. This patient suffered from obstinate constipation and severe pain, which could only be relieved by large doses of calomel, he often requiring from fifty to one hundred grains in divided doses, before obtaining relief.

820.

Intestine showing malignant stricture of the colon.

821.

Intestine showing ulceration of the colon.

822.

Intestine showing lower portion of colon with lesion of chronic dysentery.

823.

Intestine showing tubercular ulcers of the colon.

824.

Intestine showing dysenteric ulceration of the colon.

825.

Intestine showing dysenteric lesion of colon.

826.

Intestine showing dysenteric ulceration of the colon.

ILEO-COECAL VALVE AND APPENDIX.

No. 827.

Intestine showing foreign body in the vermiform appendix of the coecum.

828.

Intestine, dried specimen, showing the coecum.

829.

Intestine showing diverticulum of ileum.

830.

Intestine showing lipoma of the ileo-coecal valve.

831.

Intestine showing perforation of the vermiform appendix of the coecum.

RECTUM.

832.

Intestine showing cancer of the rectum.

833.

Intestine showing polypus of the rectum.

834.

Intestine showing imperforate anus, due to atresia in a newly-born child. No operation performed.

INTUSSUSCEPTION AND INVAGINATION.

No. 835.

Intestine showing intussusception occurring in a child three and a half months old. The patient was taken sick on May 30th, 1861, and died June 7th. There was obstinate constipation, and the child passed blood during the attack of tenesmus. A portion of the small intestine protruded from the anus. The autopsy showed the following conditions: The caput coli and six inches of the ileum had passed through the entire colon, and so as to protrude from the anus.

836.

Intestine showing intussusception from a child two years old.

837.

Intestine showing invagination.

HERNIA (SIMPLE.)

838.

Intestine showing specimen of complete indirect hernia; sac and contents in situ. See history book, 3d Surgical Division, Bellevue Hospital, March 3d, 1878. Presented by Dr. F. H. WIGGIN.

839.

Intestine showing umbilical hernia.

840.

Intestine showing femoral hernia.

841.

Intestine showing sac of congenital hernia; open communication between the peritoneal cavity and the tunica vaginalis.

No. 842.

Intestine showing umbilical hernia.

843.

Intestine showing diaphragmatic hernia, dislocation occurring near the ligamentum arcuatum externum of the left side (congenital). Most of the small intestine and spleen may be seen in the left pleural cavity. Child lived five days. Presented by Dr. J. W. MACWHINNIE.

843 A.

Intestine showing diaphragmatic hernia.

HERNIA (STRANGULATED.)**844.**

Strangulated hernia showing wax preparation of complete indirect inguinal hernia. The patient had been in the habit for many years of reducing the hernia himself when it came down. On this occasion he failed to reduce it, and walked from No. 6 Bowery to Fourth street with it down. Then with great force he succeeded as he thought. Symptoms of strangulation soon came on, and two of the most prominent medical men of New York, one a surgeon, were called in, but did not recognize the condition, attributing the symptoms to invagination or intussusception. He died on the third day, without taxis having been performed. Dr. JAS. R. WOOD made the autopsy and had the cast made.

845.

Strangulated hernia showing entero-epiplocele. The omentum was removed from a patient, eighty-four years of age, who recovered without an unfavorable symptom. A ligature was applied, and this piece of omentum was removed. Open method of treatment employed.

846.

Strangulated umbilical hernia. The sac contained intestine and omentum. Portions of omentum nearest the umbilicus were embraced by a ligature and cut off. Patient recovered without an unfavorable symptom. The operation was performed in 1850.

No. 847.

Strangulated inguinal hernia. The operation was performed by Dr. J. B. ISHAM, who found the intestine gangrenous upon opening the sac.

848.

Strangulated hernia, artificial anus following the operation. The gut was gangrenous, and was allowed to slough off, after which the patient recovered.

849.

Strangulated femoral hernia. An entero-epiplocle. The omentum was removed and the gut was returned. Patient recovered.

850.

Strangulated inguinal hernia.

851.

Strangulated femoral hernia.

852.

Strangulated hernia, presented by Dr. STEPHEN SMITH.

853.

Strangulated congenital inguinal hernia. Patient forty-five years old. The intestine was found gangrenous upon opening the sac. Presented by Dr. ISHAM.

LIVER.

854.

Liver, showing waxy tumor.

855.

Liver, showing fatty degeneration.

856.

Liver, showing waxy degeneration.

No 857.

Liver, showing cirrhosis with very large lobules.

858.

Liver, showing cirrhosis.

859.

Liver, showing waxy degeneration.

860.

Liver, showing secondary carcinoma. Presented by Dr. MOSELY.

861.

Liver, showing secondary carcinoma.

862.

Liver, showing infiltrated secondary carcinoma.

863.

Liver, showing enormous carcinoma. Presented by Dr. JANEWAY.

864.

Liver, showing secondary carcinoma.

864 A.

Liver, showing secondary carcinoma.

865.

Liver, showing hydatid cyst, echinococcus.

866.

Liver, showing echinococcus cysts. Mother and daughter cysts. Presented by Dr. DELAFIELD.

No. 867.

Liver, showing hydatid cyst, the anterior part of right lobe suppurating.

868.

Liver, showing several small cysts, and one large cyst; also, cystic kidney in same case. Presented by Dr. W. H. WELCH.

869.

Liver, with syphilitic gummata.

870.

Liver, showing senile atrophy.

871.

Liver, showing malformation, abnormal lobes and fissures. Presented by Dr. JANEWAY, April, 1876.

872.

Liver, showing fish bone in portal vein, producing phlebitis and abscess. For full history see "Flint's Practice." 4th Ed. p. 556.

GALL BLADDER.

873.

Gall-bladder showing dilation.

874.

Gall-bladder showing encysted calculi. Presented by Dr. W. H. WELCH.

875.

Gall-bladder showing rupture. A man, aged fifty years, fell while intoxicated from a third-story window, fracturing his right femur. Within forty-eight hours of the accident peritonitis supervened, and he died. The autopsy disclosed that there was an opening one inch long, with torn edges, situated parallel to the long axis of the gall bladder, and close to its attachment to the liver. The abdominal cavity contained serum, lymph, and bile.

No. 876.

Gall-bladder filled with calculi.

877.

Gall-bladder filled with calculi. Presented by Dr. ISHAM, October, 1877.

878.

Gall-bladder filled with calculi.

879.

Gall-bladder containing several calculi; two very large, and one impacted in cystic duct, causing ulceration and perforation, peritonitis and death.

880.

Gall-stones impacted in cystic duct.

881.

Gall-bladder showing dilatation.

882.

Gall-bladder showing dilatation of cystic, hepatic, and common ducts. Presented by Dr. TREADWELL.

GALL STONES.**883.**

Gall-stones.

884.

Gall-stones.

885.

Gall-stones.

886.

Gall-stones.

887.

Gall-stones.

No. 888.

Gall-stones.

889.

Gall-stones.

890.

Gall-stones.

891.

Gall-stones.

892.

Gall-bladder containing gall-stones.

893.

Gall-stone.

894.

Gall-stone in cystic duct, with dilated bile ducts.

895.

Gall-bladder containing gall-stones.

896.

Gall-Bladder containing gall-stones.

897.

Gall-stones.

898.

Gall-stones.

899.

Gall-stones.

900.

Gall-stones.

No. 901.**Gall-stones.****902.****Gall-stones.****903.****Gall-stones.****904.****Gall-stones.****URINARY SYSTEM.****KIDNEY.****905.****Kidney** showing contraction.**906.**

Kidneys showing atrophy. Small granular kidneys with compensatory deposit of fat. On removal, the capsule was adherent, and the surface of the kidney was ragged and irregular. When the kidneys were cut open, it appeared that a large part of their tissue had been absorbed and was replaced by a mass of fat in their pelves. The pyramids and cortex were atrophied.

907.**Kidney**, fatty, large, white and waxy.**908.**

Kidney, large, white, waxy, with pyelo-nephrosis. Presented by Dr. JANEWAY.

909.**Kidney**, large, white and waxy.**910.****Kidney**, large, white and waxy.

No. 911.

Tubercular nephritis, abscess and tubercular ulceration.

912.

Diffuse suppurative nephritis. Presented by Dr. WELCH, of New Haven, Conn., Assistant Physician, Randall's Island.

913.

Pyelo-nephritis.

914.

Pyelo-nephrosis. Presented by Dr. MORROW.

915.

Pyelo-nephrosis. Surgical kidney.

916.

Pyelo-nephrosis.

917.

Hydro-nephrosis.

918.

Double hydro-nephrosis, secondary to cystitis. Calculus in the pelvis of left kidney. Presented by Dr. W. H. WELCH.

919.

Hydro-nephrosis, with dilated ureters and hypertrophy of bladder.

920.

Hydro-nephrosis of left kidney, secondary to oxalate of lime calculus, impacted in lower portion of ureter. Death from peritonitis.

921.

Pyelo-nephrosis, abscess of kidney.

No. 922.

Kidney showing cystic degeneration.

923.

Cystic kidney.

924.

Carcinoma of the kidney from a young child.

925.

Carcinoma of the kidney (weight thirteen pounds) from a girl six years old. Great emaciation took place.

926.

Myxo-sarcoma of the pelvis of the kidney.

927.

Carcinoma of the kidney.

928.

Carcinoma of the kidney.

929.

Sacculated tubercular kidney.

930.

Kidney showing dilated pelvis.

931.

Kidney showing infarction.

932.

Kidney showing horse-shoe variety. Presented by Dr DOUGLASS.

No. 933.

Kidney showing abnormal vascular distribution and horse-shoe variety. Presented by Dr. WELCH.

934.

Kidney with double ureters.

935.

Calculus in kidney. Presented by Dr. ROGERS.

936.

Two calculi in pelvis of the kidney. Uric acid.

937.

Soft Calculus in pelvis of left kidney. A cast has been formed, by the concretion, of a large cavity.

938.

Calculus in kidney.

939.

Calculus in kidney; pyelitis.

940.

Calculi in kidney, forming a mould of the infundibulum and pelvis.

941.

Calculus in kidney, obstructing the pelvis, and causing hydro-nephrosis and atrophy.

942.

A single kidney. A middle-aged man was seized with an attack of retention of urine, and it not being possible to pass a catheter, an attempt was made to relieve him by puncturing the bladder through the rectum. These endeavors failing on the part of his own physician, he was sent to Bellevue

Hospital. Immediately on his admission a number fifteen bulbous catheter was easily passed, and his urine was drawn off. The patient died, however, in a few days. The autopsy showed that there was but one kidney, and that it was situated opposite the promontory of the sacrum. It was of large size, and it received its supply of blood from the arteria sacra media. Its vein was given off from the vena cava, near its bifurcation, and its long and short ureter entered the bladder near the neck of that organ. The pelvis and calyces of the kidney were dilated, and there were spots of interstitial nephritis. A small wound of the cortex made by the trocar was visible. The bladder was not hypertrophied, but its mucous membrane was congested and sloughy. The trocar in entering passed to the right side and behind the bladder. The urethra was not examined.

DUCTLESS GLANDS—SUPRA-RENAL CAPSULE.

943.

Supra-renal capsule ; fibro-caseous degeneration from a case of Addison's disease, with well marked brouzing of the skin, and increasing debility; no other symptoms. Disease of six months' duration. Cheesy nodules in both supra-renal capsules; mesenteric glands enlarged; a few scattered tubercles in apices of lungs. Presented by Dr. WELCH, April 30th, 1879.

944.

Cheesy nodules in the supra-renal capsule. Both capsules involved. Addison's disease. Presented by Dr. W. H. WELCH. September 16, 1878.

945.

Carcinoma of the supra-renal capsule.

946.

Cheesy nodules in supra-renal capsule. Addison's disease.

No. 947.

Carcinoma of supra-renal capsule.

948.

Fibro-caseous degeneration with hæmatoma of the supra-renal capsule. Addison's disease.

S P L E E N.

949.

Lympho-sarcoma of spleen.

950.

Leucocythæmia. From a man aged thirty-two years. Cause of death, pneumonia and asthenia. Presented by Dr. JANEWAY.

GENITO-URINARY SYSTEM.

B L A D D E R

951.

Bladder showing hypertrophy of the mucous membrane.

952.

Bladder showing hypertrophy and dilatation of the pelvis of the kidney.

953.

Bladder showing hypertrophy of mucous membrane and muscular coat. Presented by Dr. F. S. DENNIS.

954.

Bladder, the coats of which are thickened and inflamed. Secondary to enlarged prostate.

No. 955.

Bladder showing enormously hypertrophied muscular coat. Diphtheritic cystitis. Secondary to stricture of the urethra with false passages and abscesses. External urethrotomy was performed.

956.

Bladder showing diphtheritic cystitis.

957.

Bladder showing cystitis and pyelitis, caused by false urethral passages at the base of the bladder passing backwards and upwards under the peritoneum.

958.

Bladder showing operation for cystitis, resembling bi-lateral lithotomy.

959.

Bladder showing hæmatoma.

960.

Bladder showing sarcoma. Presented by Dr. E. T. T. Marsh. The tumor grows from the mucous coat of the bladder, and forms a cast of its distended cavity.

961.

Bladder showing epithelial cancer. Presented by Dr. CHAS. SCUDDER.

962.

Recto-vesical fistula, sacculated bladder. The lower sac is much enlarged, and contained a stone which Dr. Wood removed. Dr. John C. Warren also operated on the case some time before.

963.

Entero-vesical fistula. Feces passed into the bladder from the intestine, and were passed by the penis during micturition.

No. 964.**Vesico-vaginal fistula.****965.****Tuberculosis** of the bladder; also the ureters and kidneys.**966.****Rupture** of the bladder.**967.****Gunshot wound** of bladder.**CALCULI.****968.**

Calculus in the bladder. A large mulberry calculus is seen in the bladder firmly grasped by the tissues. No operation was performed for its removal, and the patient died. This was discovered at the autopsy.

969.

Bladder with calcific plates and a granular deposit upon its mucous coat. Presented by Dr. F. S. DENNIS.

The following calculi are from operations performed by Dr. JAS. R. WOOD:

970.

Vesical calculus weighing 13 grms. There is a nucleus of wax and dried blood surrounded by layers of ammonium and magnesium phosphate.

971.

Calculus weighing 70 grms. composed of oxalate, urate and phosphate of calcium.

972.

Five Calculi weighing together 94 grms. composed of ammon. and magn. phosphate and urate of calcium.

No. 973.

Calculus weighing 58.5 grms. composed of a nucleus of uric acid surrounded by urates of ammonium and calcium.

974.

Calculus weighing 63 grms. composed of urate, oxalate and phosphate of calcium.

975.

Calculus weighing 48 grms. composed of oxalate and urate of calcium.

976.

Calculus weighing 26.5 grms. composed of oxalate and phosphate of calcium.

977.

Calculus weighing 49.5 grms. composed of oxalate and urate of calcium. Its nucleus contains urate of ammonium.

978.

Calculus weighing 34.5 grms. composed of oxalate of calcium and ammon. magn. phosphate.

979.

Calculus weighing 9 grms. The nucleus is formed by a candle-wick surrounded by uric acid and urate and phosphate of calcium.

980.

Calculus weighing 15 grms. composed of oxalate and urate of calcium and uric acid.

981.

Calculus weighing 11.5 grms. composed of oxalate of calcium.

982.

Calculus formed of cholesterin (biliary).

No. 983.

Calculus weighing 15 grms. composed of oxalate and phosphate of calcium.

984.

Calculus weighing 22 grms. composed of ammon. magn. phosphate.

985.

Calculus weighing 25.5 grms. composed of oxalate and urate of calcium.

986.

Calculus weighing 26 grms. composed of uric acid, urate and oxalate of calcium.

987.

Calculus weighing 29.5 grms. composed of uric acid, urate of calcium, phosphate of calcium and silica.

988.

Calculus weighing 21 grms. composed of phosphate of calcium.

989.

Calculus weighing 36 grms. composed of phosphate of calcium and ammon. magn. phosphate.

990.

Six small calculi weighing together 8 grms. composed of urate and phosphate of calcium.

991.

Calculus, weighing 12 grms., composed of oxalate of calcium.

992.

Calculus. No analysis.

993.

Calculus composed of urate and oxalate of calcium.

№. 994.

Calculus composed of urate and oxalate of calcium.

995.

Calculus composed of uric acid and ammon. magn. phosphate.

996.

Calculus, weighing 25 grms., composed of phosphate of calcium and dried blood.

997.

Calculus composed of uric acid, urate of calcium, and ammon. magn. phosphate.

998.

Calculus composed of uric acid and ammon. magn. phosphate.

999.

Calculus, weighing 32 grms., composed of ammon. magn. phosphate.

1,000.

Calculus, weighing 31 grms., composed of phosphate and urate of calcium and ammon. magn. phosphate.

1,001.

Calculus composed of oxalate and urate of calcium.

1,002.

Calculus, weighing 20 grms., composed of oxalate and phosphate of calcium.

1,003.

Calculus composed of ammon. magn. phosphate.

1,004.

Calculus composed of uric acid, phosphate of calcium, and ammon. magn. phosphate.

No. 1,005.

Calculus composed of uric acid and ammon. magn. phosphate.

1,006.

Calculus composed of uric acid, urate of calcium, ammon. magn. phosphate, and silica.

1,007.

Calculus composed of oxalate and phosphate of calcium and ammon. magn. phosphate.

1,008.

Calculus composed of phosphate of calcium and ammon. magn. phosphate.

1,009.

Calculus composed of oxalate and phosphate of calcium.

1,010.

Calculus. No analysis.

1,011.

Calculus composed of phosphate of calcium and ammon. magn. phosphate.

1,012.

Calculus composed of oxalate of calcium and uric acid.

1,013.

Calculus composed of uric acid.

1,014.

Calculus composed of ammon. magn. phosphate.

1,015.

Calculus composed of ammon. magn. phosphate.

1,016.

Calculus composed of urate of calcium and ammon. magn. phosphate.

1,017.

Calculus composed of urate and phosphate of calcium.

1,018.

Calculus composed of uric acid, oxalate of calcium, and ammon. magn. phosphate.

1,019.

Calculus composed of oxalate of calcium.

1,020.

Calculus composed of oxalate and phosphate of calcium and ammon. magn. phosphate.

1,021.

Calculus composed of urate and phosphate of calcium and ammon. magn. phosphate.

1,022.

Calculus composed of urate of calcium and ammon. magn. phosphate.

1,023.

Calculus composed of ammon. magn. phosphate and phosphate of calcium.

1,024.

Calculus composed of oxalate of calcium and ammon. magn. phosphate.

1,025.

Calculus composed of uric acid and ammon. magn. phosphate.

No. 1,026.

Calculus composed of uric acid, urate of calcium and silica.

1,027.

Calculus composed of uric acid and phosphate of calcium.

1,028.

Calculus composed of urate of calcium and ammon. magn. phosphate.

1,029.

Calculus composed of urate of calcium and ammon. magn. phosphate.

1,030.

Calculus composed of urate of calcium and ammon. magn. phosphate.

1,031.

Calculus composed of uric acid.

1,032.

Calculus composed of oxalate of calcium and ammon. magn. phosphate.

1,033.

Calculus composed of ammon. magn. phosphate.

1,034.

Calculus composed of oxalate of calcium.

1,035.

Calculus composed of oxalate of calcium.

1,036.

Calculus composed of ammon. magn. phosphate.

No. 1,037.

Calculus composed of oxalate and phosphate of calcium and ammon. magn. phosphate.

1,038.

Calculus composed of uric acid, urate of ammonium, and ammon. magn. phosphate.

1,039.

Calculus composed of uric acid and ammon. magn. phosphate.

1,040.

Calculus composed of uric acid.

1,041.

Calculus composed of cholesterine (biliary).

1,042.

Calculi, fragments, weighing 18 grms., composed of phosphate of calcium and ammon. magn. phosphate.

1,043.

Calculus, with a pin, which was the nucleus, surrounded by phosphate of calcium, uric acid and dried blood.

1,044.

Calculus composed of oxalate and phosphate of calcium.

1,045.

Calculus composed of uric acid and ammon. magn. phosphate.

1,046.

Calculi composed of ammon. magn. phosphate.

1,047.

Calculus. No analysis.

No. 1,048.

Calculus. No analysis.

1,049.

Calculus. No analysis.

1,050.

Calculus. No analysis.

1,051.

Calculus. No analysis.

1,052.

Calculus composed of ammon. magn. phosphate and phosphate of calcium.

1,053.

Calculus. No analysis.

1,054.

Calculus. No analysis.

1,055.

Calculus. No analysis.

1,056.

Calculus. No analysis.

FOREIGN BODIES.

1,057.

Foreign body removed from vagina.

1,058.

Nail removed from the bladder of a woman.

No. 1,059.

Safety-pin from the urethra of a woman, who had succeeded in introducing it, and could not get it out. Removed by Dr. Wood.

1,060.

Handle of a pewter spoon. This was removed from the urethra of an aged man, who appeared in Dr. Wood's office one morning, stating that he was suffering from an attack of gravel. Dr. Wood, on examining his perineum, felt this hard substance in the urethra. He introduced a pair of urethral forceps, and removed this spoon-handle.

1,061.

The end of a flexible catheter, which was broken off while in the bladder of a man, and was removed from it by perineal section by Dr. Wood.

1,062.

Piece of slate pen-cil removed from the bladder of a young girl.

1,063.

Leather thong. This had been introduced into the bladder of a man (who had been married for about one year) for the purpose of gratifying his venereal desires. Prior to his marriage, he had been a confirmed masturbator; and, unable to break himself of the habit, continued it after marriage. He appeared in Dr. JAS. R. WOOD's office in East Broadway one night, while he (Dr. Wood) was examining his class of private students. Dr. Wood sent down to see what was wanted of him, and the student came back saying that there was a man in the office who had a leather thong hanging out of his penis. The Dr. then went down and found that all endeavors to pull it out by force were fruitless. He then injected warm oil into the urethra, and introducing his finger into the rectum, succeeded in extracting it from the bladder. The meatus had to be enlarged, however, before it would pass it. When extracted, the cause of the resistance was plainly seen to be a remarkable knot which has never been untied, and which may still be seen in the specimen. This had been tied by the action of the bladder, and the patient was unable to draw it out. See "Gross on the Urinary Organs," second edition, page 838.

No. 1,064.

Portion of a filiform whalebone bougie.

1,064 A.

Several pieces of beeswax coated with phosphates, from the bladder of a young man. The beeswax was divided into many pieces by a lithotrite and discharged from the urethra. The gentleman stated that he had a stricture, and that he rolled the beeswax out, after heating it in hot water, into the shape of a bougie, and while manipulating it in the urethra it broke and passed into the bladder. It was ascertained from others that he used it for the gratification of his venereal appetites, and in introducing the lithotrite it was discerned that there was no stricture present.

PROSTATE.**1,065.**

Prostate enlarged.

1,066.

Prostate hypertrophied; secondary cystitis.

1,067.

Prostate enlarged, with cystitis and hypertrophy of the bladder.

1,068.

Prostate enlarged, with cystitis and false urethral passages.

1,069.

Prostate enlarged.

1,070.

Prostate enlarged, chiefly the left lobe. Chronic inflammation of the vesiculæ seminales.

1,071.

Prostate enlarged, and hypertrophy of the bladder. Presented by Dr. CHAS. SCUDDER.

No. 1,072.**Prostate** sarcoma.**1,073.**

Prostatitis suppurativa, with hypertrophy of the mucous and muscular coats of the bladder. A man, aged thirty-seven, contracted a gonorrhœa when seventeen years of age, and had gleet up to the time of his death. For the last five years of his life he suffered from constant desire to micturate, then only passing a small stream. He had several attacks of retention of urine. He was admitted to Bellevue Hospital, with symptoms of acute pleurisy, and died in a few days. The autopsy showed the bladder to be much hypertrophied, but not dilated; its mucous membrane was thrown into prominent folds, and was intensely congested; in the cavity was a blood clot. The prostate was moderately enlarged and honeycombed, with cavities containing pus. The vesiculæ seminales are much enlarged, and also contain many purulent cavities. The ureters and pelvis of the kidneys were dilated. The kidney substance was far advanced in fatty and granular degeneration.

URETHRA.

1,074.

Urethral stricture, showing false passages.

1,075.

Urethral stricture, with cystitis and hypertrophied bladder. Presented by Dr. WIGGIN.

1,076.

Urethral stricture, causing retention of urine. The patient, who lived in the country, suffered so severely that the country practitioner, having no other instruments at hand, decided to puncture the bladder above the pubis with a bistoury. This he did, and there followed extravasation of urine, which infiltrated all the tissues of the penis, scrotum, and abdomen. Presented by Dr. GOULEY.

1,077.

Urethral stricture, hypertrophied bladder; operated upon by perineal section.

No. 1,078.

Urethral stricture, with consecutive cystitis, dilatation of the ureters, and hydro-nephrosis.

1,079.

Urethral stricture, with ulceration and cystitis.

1,080.

Urethra showing laceration.

1,081.

Urethra showing laceration with extravasation of urine.

1,082.

Urethra, abscess of; cavity of abscess communicating with urethra. Perineal section was performed.

1,083.

Urethra showing an opening leading into an abscess cavity.

1,084.

Hypospadias. Urethral orifice, about one and a-half inches in front of anus. Enlarged prostate and cystitis.

PENIS AND SCROTUM.

1,085.

Penis showing carcinoma.

1,086.

Penis showing epithelioma.

1,087.

Penis showing epithelioma. Amputated and presented by Dr. CHAS. PHELPS.

No. 1,088.

Portion of a penis that was amputated by a prostitute with a case-knife. On admission to Bellevue Hospital, the penis only hung by a piece of integument; but, as the wound was fresh, and the cut perfectly clean, Dr. Martin Burke, the House Surgeon, decided to attempt to save the organ. This was not successful, and the distal end would not unite. On admission, the man stated that the injury had been inflicted through jealousy of one woman by another inmate of the house of prostitution; but, in his ante-mortem statement, he said, under oath, that she had injured him in self-defence, he having attempted to commit rape. This cleared the woman in the courts. Specimen presented by Dr. MARTIN BURKE.

ORCHITIS AND EPIDIDYMITIS.

1,089.

Chronic epididymitis, with hydrocele and thickened tunica vaginalis.

1,090.

Chronic interstitial orchitis.

1,091.

Chronic epididymitis.

1,092.

Orchitis gummosa.

1,093.

Epididymitis.

1,094.

Interstitial orchitis. Presented by Dr. LITTLE.

1,095.

Testicle removed from D. C., aged thirty-four years, January 19th, 1878. Gummatous orchitis.

No. 1,096.

Second testicle removed from D. C., a few months after removal of first. The disease was the same as the first—gummatous orchitis. The patient stated some months after his recovery from this, the second operation, that he had experienced no diminution of sexual desire; a fluid emission and distinct orgasm taking place during coitus.

1,097.

Testicle showing gummatous orchitis. Removed March 3d, 1877. See records, Third Surgical Division, Bellevue Hospital.

1,098.

Syphilitic testicle.

1,099.

Syphilitic testicle.

CARCINOMA.**1,100.**

Sarcoma of testis.

1,101.

Scirrhus of testis.

1,102.

Carcinoma of testis. Removed September, 1878. Death took place about one year after from secondary carcinoma of the retro-peritoneal glands. See specimen No. 806.

1,103.

Carcinoma of testis.

No. 1,104.

Carcinoma of testis. Presented by Dr. LITTLE. A man aged thirty years received a blow on the testis seven years before the operation. About four years after the injury the testis began to enlarge, and increased steadily in size until the time of its removal. The testis forms a tumor as large as a man's fist. It is enclosed in the tunica albuginea, except at a few points where this membrane is eroded and broken through. The tumor is divided by dense bands of fibrous tissue. The stroma is abundant; it consists of connective tissue, fibres and cells, and forms round and oval alveoli filled with rounded cells.

1,105.

Cystic sarcoma of the testicle. Removed Jan. 6th, 1879.

1,106.

Carcinoma of testis.

1,107.

Carcinoma of testis.

1,108.

Fibroma testis.

1,109.

Sarcoma testis with ulceration of the integument.

1,110.

Tuberculous testicle.

1,111.

Tuberculous testicle.

1,112.

Fibroma testis.

1,113.

Compound cyst of testicle.

HYDROCELE.

No. 1,114.

Sac of a hydrocele.

1,115.

Fungus of testicle; hydro-sarcocele of the old writers.

1,116.

Hydrocele with hydatid testicle. Removed October 6th, 1877. See history books, Third Surgical Division, Bellevue Hospital, page 637.

1,117.

Hernia of the testicle, the result of a kick. The integument and tissues of the scrotum were so torn by the injury that the testicle protruded. When the wound healed and retracted, it embraced the spermatic cord, and the testicle was left suspended between the thighs. The cord was divided, and the patient completely recovered.

THYROID BODY OR GLAND.

CYSTS AND BRONCHOCELE.

1,118.

Colloid degeneration of the thyroid body.

1,119.

Cystic bronchocele of the right thyroid lobe. The patient died of ulceration of the gall bladder. No serious symptoms referable to the tumor. Presented by Dr. A. A. SMITH.

1,120.

Bronchocele.

1,121.

Bronchocele.

No. 1,122.

Cyst of the thyroid gland.

1,123.

Cystic disease of the thyroid gland.

1,124.

Enlargement of the bronchial glands. Cheesy-calcareous, and cystic degeneration.

1,124 A.

Bronchocele.

FEMALE
ORGANS OF GENERATION.

EXTERNAL ORGANS.

1,125.

Elephantiasis of the labia.

1,126.

Elephantiasis of the clitoris and labia.

1,127.

Pendulous tumor of the labia majora.

1,128.

Fatty tumor of the labia.

1,129.

Fatty tumor of the labia.

INTERNAL ORGANS.

No. 1,130.

Vagina showing atresia.

1,131.

Dermoid cysts, one in each broad ligament of the uterus.
Death from fracture of the lumbar vertebræ.

1,132.

Cyst of the cervix uteri.

1,133.

Uterine mole.

1,134.

Polypus of the uterus.

1,135.

Intra-uterine polypus of the fundus uteri.

1,136.

Rupture of the uterus.

1,137.

Rupture of the uterus.

1,138.

Rupture of the uterus.

1,139.

Rupture of the uterus into the vagina.

1,140.

Rupture of the uterus.

No. 1,141.

Rupture of the uterus.

1,142.

Carcinoma of the cervix uteri and vagina, ulcerating into the rectum.

1,143.

Uterine myoma presenting as a polypus.

1,144.

Uterine myoma. Presented by Dr. JANEWAY.

1,145.

Intra-uterine myoma.

1,146.

Epithelioma of the uterus.

1,147.

Uterine myoma in a pregnant uterus. Death occurred after delivery from septicæmia.

1,148.

Intra - parietal myoma of the uterus. A woman, aged twenty-three first noticed a tumor in her right inguinal region, in January, 1868. She was married in November, 1869, and had a miscarriage three months after. Three days before her death she passed large quantities of blood and solid material from her uterus. The autopsy disclosed the following conditions: The uterus was much enlarged and filled with a tumor, the outer surface of which was ragged and sloughy, while the interior was much firmer and more compact. The tumor was attached over the greater part of the posterior wall and fundus of the uterus, lifting up a rim of tissue around it. There was evidence of recent peritonitis. Presented by Dr. J. L. LITTLE, Nov. 23, 1870.

No. 1,149.

Uterine myoma from a colored female aged fifty years.
Presented by Dr. CUSHMAN, Nov. 14, 1877.

1,150.

Sub-mucous myoma of the uterus, from a woman who
died of dysentery, July 20, 1875.

1,151.

Myoma of the uterus, calcified and sub-peritoneal.

1,152.

Myoma of the uterus.

1,153.

Carcinoma of the uterus.

1,154.

Myoma of the cervix uteri. Presented by Dr. J. L. LITTLE.

1,155.

Myoma of the uterus, sub-mucous and intra-mural.

1,156.

Sub-mucous myoma of the uterus.

1,157.

Carcinoma of the uterus.

1,158.

Myoma of the uterus.

1,159.

Myoma of the uterus.

1,160.

Myoma of the uterus.

No. 1,161.**Myoma** of the uterus.**1,162.****Myoma** of the uterus.**1,163.****Myoma** of the uterus.**1,164.****Myoma** of the uterus.**1,165.****Myoma** of the uterus.**1,166.****Myoma** of the uterus.**1,167.****Myoma** of the uterus.**1,168.****Carcinoma** of the uterus, in which cellulitis was present.**1,169.****Myomata** of the uterus, sub-serous and interstitial occurring in the pregnant uterus. Presented by Dr. MUNDE.**1,170.****Uterus** showing ante-flexion.**1,171.****Uterus** (double).**1,172.****Uterus** (undeveloped).

No. 1,173.

Uterus (undeveloped).

1,174.

Uterus with elongated cervix.

FALLOPIAN TUBES.

1,175.

Cyst of the fallopian tubes.

1,176.

Dilatation of the fallopian tubes.

1,177.

Dilatation of the fallopian tubes.

O V A R Y .

1,178.

Rupture of an ovarian cyst.

1,179.

Adenoma of the ovary.

1,180.

Ovarian cyst.

1,181.

Ovarian cyst.

1,182.

Ovarian cyst.

1,183.

Ovarian cyst.

1,184.

Ovarian cyst multilocular.

1,185.

Ovarian cyst multilocular.

1,186.

Ovarian cyst unilocular.

1,187.

Ovarian cyst, double.

1,188.

Ovarian cyst.

1,189.

Ovarian cyst unilocular. Weight, when removed, 28 pounds. The operation was successful. Presented by Dr. DUNLAP, of Springfield, Ohio, Sept. 25, 1869.

1,190.

Teeth and part of jaw found in an ovarian tumor of long standing.

1,191.

Cysto-sarcoma of the right ovary. Weight, 26 pounds; contained six pints of fluid, degenerated pus from a woman aged 50 years. The tumor was of ten years' growth. Death from asthenia. Presented by Dr. PARKER.

1,192.

Ovarian cyst, unilocular. Presented by Dr. SILVER.

FOETAL DEVELOPMENT.

No. 1,193.

Fœtus—Three weeks old.

1,194.

Fœtus—Four weeks old.

1,195.

Fœtus and chorion, one month old.

1,196.

Fœtus—1st month.

1,197.

Fœtus—6th week.

1,198.

Fœtus—2d month.

1,199.

Fœtus—10th week.

1,200.

Fœtus—Three months.

1,201.

Fœtus—4th month.

1,202.

Fœtus—4th month.

1,203.

Fœtus—5th month.

No. 1,204.

Fœtus—6th month.

1,205.

Fœtus—7th month.

1,206.

Fœtus—8th month.

1,207.

Fœtus—9th month—full term.

1,207 A.

Tunics, about the fourth month, of foetal development.

CORDS AND MEMBRANE.**1,208.**

Knot of umbilical cord.

1,209.

Constriction of umbilical cord producing death of fœtus.

1,209 A.

Uncontracted uterus after delivery of child.

1,210.

Membranes and embryo.

1,211.

Amnion and chorion.

1,211 A.

Viscera of fœtus in situ showing umbilical vein.

1,212.

Fœtus in utero.

No. 1,213.**Fœtus** in utero.**1,214.****Fœtus** and amnion.**1,215.****Fœtus** in utero.**1,215 A.**

Fœtus in utero, about 5th to 6th month. Mother committed suicide by poison. Presented by Dept. Coroner WATERMAN.

1,216.**Fœtus** in the amnion.**1,217.**

Fœtus in utero, showing also dilated and hypertrophied bladder of the mother.

1,218.**Extra uterine pregnancy.****1,219.**

Extra uterine pregnancy. R. P., aged twenty-eight years; native of Germany; a finely-developed, healthy woman; no history of any disease or injury. On the morning of August 3d, 1876, about 9 o'clock (about one hour after breakfast), was seized with colicky pains in abdomen, vomiting and purging. A physician was called in, and treated the patient for cholera morbus. The woman died about half an hour afterward in collapse. The autopsy revealed the abdomen filled with fluid and clotted blood. The right fallopian tube was enlarged, and about its middle a small rent was visible. The tube contained a foetus of about the third month of utero-gestation. The hemorrhage occurred in consequence of the rupture of the fallopian tube. The patient had menstruated as usual, and had not presented any evidence of pregnancy. Presented by Dr. E. T. MARSH.

No. 1,220.

Fœtus showing general deformity. The hands and feet are clubbed, the long bones are all shorter than normal, and the pelvis is much narrowed and contracted.

1,221.

Full-term child showing abnormal osseous deposit on all the long bones of pelvis, probably due to syphilitic hypertrophy occurring during uterine life.

1,222.

Full-term child showing exstrophy of nearly all the abdominal and thoracic viscera, which protrude through an opening in the side just under the left arm. There is also lateral curvature of the spine.

1,222 A.

Fœtus showing normal abdominal organs.

FŒTAL SKELETON.**1,223.**

Complete set of fœtal bones.

1,224.

Skeleton of fœtus.

1,225.

Skeleton of fœtus.

1,226.

Skeleton of fœtus.

1,227.

Skeleton of fœtus.

1,228.

Skeleton of fœtus.

1,229.

Skeleton of fœtus.

No. 1,230.**Skeleton** of fœtus.**1,231.****Skeleton** of fœtus.**1,232.****Skeleton** of fœtus.**MONSTERS (Single).****DEFICIENCY.****1,233.**

Fœtal skeleton, showing absence of both radii; there are only three fingers on the right hand and no thumb; on the left hand, four fingers and no thumb. The sacrum is undeveloped.

1,234.

Fœtus showing absence of thumb on each hand; otherwise normal.

1,235.

Adult skeleton showing deficiency of development. There are only two fingers on the left hand and three on the right. There are only three toes on each foot, and the fibula is absent from both legs. See specimen No. 560.

1,236.

Fœtus showing entire absence of the left arm. There is also a cleft, or non-fusion, between the parietal and frontal bones, and an abdominal cleft through which the viscera protrude.

1,237.

Fœtal skeleton showing great deficiency and arrest of development of the bones of the lower extremities.

POLYMERIA,

Or excess of development without duplication of the cerebro-spinal axis.

1,238.

Fœtal pup with six legs (Polyscelia).

No. 1,239.

Chicken with a leg protruding from the side of the pelvis (Polyscelia).

PREMATURE FUSION.**1,240.**

Fœtus showing premature fusion of the tissues of the face. The nose protrudes from the face like an excrescence or increase of development from between two malformed and partially-fused eyes.

1,241.

Fœtal head showing results of premature fusion, by which both eyes have been formed into one large eye, situated in the middle of the forehead. The nose is entirely excluded, and the ears have been brought forward to the sides of the mouth, which is rudimentary and contracted.

ACRANIA, or non-fusion of cranial bones.

SPINA BIFIDA, or non-fusion of the bones of the vertebral column.

1,242.

Fœtus showing acrania of the occipital bone.

1,243.

Fœtus showing acrania and spina bifida of the cervical and upper dorsal region. There is an encephalocele.

1,244.

Fœtus showing acrania, or cleft, extending through frontal bone and spina bifida of the cervical region.

1,245.

Full-term child, showing hair-lip and cleft palate.

1,245 A.

Head of child, showing hair-lip, cleft palate, and acrania of the frontal bone, through which a meningocele protrudes.

No. 1,246.

Fœtus showing acrania of occipital bone.

1,246 A.

Fœtus showing acrania of the occipital bone and meningocele.

1,247.

Fœtus showing acrania of occipital bone.

1,248.

Fœtal Skeleton showing acrania of all the cranial bones. A bony plate rests upon the first cervical vertebra, and there has been only a very slight attempt to form a skull.

1,249.

Fœtal skeleton showing spina bifida of the lumbar region, and talipes varus.

1,250.

Fœtal skeleton showing spina bifida of the lumbar and sacral regions, with enormous hydrocephalus. See specimen No. 19.

1,251.

Vertebra of a child, showing spina bifida of lumbar region and a meningocele of the cord.

1,252.

Fœtus showing spina bifida of the lumbar and sacral regions, with enormous hydrocephalus.

1,253.

Fœtal skeleton showing spina bifida of the lumbar and sacral regions.

MONSTERS (Double.)**TERATA CATADIDYMA.**

“Duplicity, with more or less separation of the cerebro-spinal axis from above downwards.”—FISHER.

No. 1,254.

Diprosopus tetropthalmus. Stuffed specimen of a double-headed calf. The body and both the heads are perfectly formed. The animal lived nine days after birth.

TERATA ANADIDYMA.

“Duplicity, with more or less separation of the cerebro-spinal axis from below upwards, or from the caudal towards the cephalic extremity of the neural axis.”—FISHER.

1,255.

Syncephalus.—Two infants joined by the head. There is a complete development of one face; the other consists only of two ears and a rudimentary nose. The faces look in opposite directions. The point of union commences just above the umbilicus of each. The lower extremities are perfectly formed.

1,256.

Omphalopagus prosopodidymus.—Double fœtal sheep, united by fusion of the two heads.

TERATA ANACATADIDYMA.

“Duplicity, with more or less separation of both the cephalic and caudal extremities of the cerebro-spinal axis, existing contemporaneously.”—FISHER.

1,257.

Omphalopagus ziphodidymus. Two perfectly and symmetrically-formed children joined to each other by a small band just below the true ribs.

1,258.

Omphalopagus thoracodidymus. Union of two children by the entire chest walls. They face each other and appear to have only one heart.

1,259.

Omphalopagus gastrodidymus. Plaster cast of a double monster. One child protrudes from the side of the other, just above the epigastric region. One is perfectly formed: the two legs, nates, and one malformed arm are all that is visible of the other.

No. 1,260.

Ectopia femoris. Fœtal monster, showing abnormality of the right leg, which appears to be the leg of another child which has protruded through the pelvis. There is an excess of development on the side opposite to the malformed leg, which consists of a mass resembling the liver and mesentery, and a tube which looks like the end of the large intestine, into which the finger can be introduced for some distance.

MISCELLANEOUS.

1,261.

Uterus after caesarian section.

1,261 A.

Cæsarian section. The entire uterus was removed at the neck by the application of a fish-line ligature around the cervix. Both mother and child recovered. Operation performed and specimen presented by Dr. ISAAC E. TAYLOR.

1,262.

Placenta.

1,262 A.

Placenta prævia.

TUMORS.

NOTE.—The following collection of tumors, for the sake of convenience, has been arranged upon a Pathological rather than upon an Anatomical basis, which has heretofore been the system of classification.

LIPOMA AND HYPERTROPHY.

No. 1,263.

Adipose tumor removed from the neck of Mr. Franklin Merritt, of Stamford, Conn., about thirty years ago—*i. e.*, 1850. The tumor extended from the mastoid process of the temporal bone, under the sterno-cleido-mastoid muscle, covering the common carotid and jugular, reaching down under the clavicle, and making pressure on the cervical and brachial plexuses of nerves, and causing partial paralysis of the right arm. There was a projection of the tumor reaching out from under the sterno-cleido-mastoid at its external border. In this operation the external jugular vein was tied by two ligatures and cut between them. The internal jugular and common carotid and sub-clavian artery and vein were exposed during the operation.

1,264.

Lipoma removed from Mrs. R., aged 51 years, of Norfolk, Conn., by Dr. WM. H. WELCH. It was situated on the back and side of the neck, reaching to the angle of the jaw. The tumor had been growing sixteen years, and weighed $2\frac{1}{4}$ pounds.

1,265.

Pendulous tumors from the back.

1,266.

Fatty tumor removed from the back.

1,267.

Lipoma from the back.

1,268.

Lipoma from the back.

1,268 A.

Lipoma from the shoulder.

1,269.

Lipoma from the side.

No. 1,270.

Lipoma from the axilla. Removed October 26th, 1877.

1,271.

Cavernous lipoma from over the ischiatic region. Presented by Dr. CHAS. PHELPS.

1,272.

Fatty tumor removed from the ischio-rectal fossa. By pressure of the tumor on the rectum defecation was rendered difficult and painful. Patient also had hemorrhoids.

1,273.

Lipoma from the perineal region.

1,274.

Fibroid tumor removed from the palm of the hand.

1,275.

Mamma showing hypertrophy and colloid degeneration. Weight, $14\frac{1}{2}$ lbs. Large veins reached up over the anterior aspect of the tumor and dipped down under the clavicle. Some of these were as large as a little finger. Each large vein was compressed by an assistant before the operation commenced. Then, with one quick sweep of the knife, they were all divided at once, and the danger of the admission of air was over. The tumor was then quickly turned out, and the operation proved perfectly successful.

1,276.

Hypertrophy of mamma. Weight, $12\frac{1}{2}$ lbs.

1,277.

Epulis of upper jaw.

EPITHELIOMA.

No. 1,278.**Epithelioma** of the scalp.**1,279.****Epithelioma** of the lip.**1,280.****Epithelioma** of the lip. August 6th, 1867. From Geo. Underhill, Esq.**1,281.****Epithelioma** of the lip. See records of Third Surgical Division, Bellevue Hospital, Sept., 1877, page 617.**1,282.****Epithelioma** of the lip.**1,283.****Epithelioma** of the rectum.**1,284.****Epithelial cancer** of leg. Amputation of the thigh.**1,285.****Epithelial cancer** of the knee-joint, involving tibia and femur.**1,286.****Epithelial cancer** of the hand. The patient, who was an old man, would not be anæsthetized, but sat calmly in a chair and permitted Dr. Wood to amputate his arm.**1,287.****Epithelial cancer** of hand. From an aged person.

No. 1,288.

Epithelial cancer of the head. A growth protrudes from the scalp nearly as large as the head itself. The parietal bone under it is absorbed. The membranes of the brain are, however, intact. The patient was rational to the last.

SARCOMA.

1,289.

Sarcoma of the parotid gland.

1,290.

Sarcoma of the parotid.

1,291.

Sarcoma removed from neck.

1,292.

Sarcoma of groin, removed from a woman aged 30 years, who states that about three years before the operation she noticed a tumor growing in her groin; but, thinking little of it, she suffered it to remain without seeking medical advice. Finally, becoming alarmed at its rapidly-increasing size, she applied to Dr. Wood for advice. She was sent to Bellevue Hospital, and on the 6th of January, 1877, she was operated upon. The tumor was easily enucleated. It has a distinct capsule, and weighs $\frac{3}{4}$ of a pound.

1,293.

Sarcoma removed by galvano-cautery from a child six years old. The child died about one year after from return of the disease.

1,294.

Sarcoma of the thigh.

1,295.

Sarcoma removed from the abdomen after death—showing connection of the tumor with the intestines. Presented by Dr. POLK.

No. 1,296.

Sarcoma of the lungs and mediastinal glands.

MISCELLANEOUS COLLECTION.

1,297.

Osteo-cephaloma of the tibia, involving the knee-joint.

1,298.

Adenoid sarcoma of the mamma.

1,299.

Adenoma of the mamma. The tumor was situated behind the breast and connected with it. On microscopical investigation, it was found to be adenoma. The patient, a young girl of eighteen, made good recovery, with a perfectly healthy breast.

1,300.

Melanosis of the leg and foot. Thigh amputated by Dr. W. H. LITTLE, by whom the specimen was presented.

1,300 A.

Melanotic sarcoma of the skin, heart, and dura mater.

1,301.

Elephantiasis of the foot.

1,302.

Myeloid cancer of the upper arm, commencing in the periosteum and involving the upper part of the humerus. The patient was a young lady about seventeen years of age, who fell from her horse while riding and bruised her arm. Some months after, a tumor was noticed growing from near the point of insertion of the deltoid muscle. The tumor was examined by nearly all the prominent medical men of New York, and by them pronounced to be malignant. This diagnosis was confirmed by microscopical examination, which was made by experts at the bedside of the patient while she was under the

influence of the anæsthetic. Just prior to the operation, Dr. JAMES R. WOOD amputated the arm at the shoulder-joint. Soon after her recovery she married and went to Europe, where she remained for about two years, enjoying perfect health, until about a month before her return to this country. She at that time complained of pain in her right groin while riding on horseback. A few days before reaching Sandy Hook, during very rough weather, she fell upon the cabin-floor of the steamer on which she was returning and fractured the upper portion of her right thigh. The disease had returned in that bone, and in a few months she died of secondary cancer.

1,303.

Lympho-sarcoma of the sternum.

1,304.

Lympho-sarcoma of the neck, sternum and mediastinal glands.

1,305.

Lympho-sarcoma of the retro-peritoneal glands.

1,306.

Lympho-sarcoma of the retro-peritoneal glands of the abdomen, involving spleen and kidneys.

1,307.

Adenoid sarcoma of the mamma.

1,308.

Osteoma of the last phalanx of the great toe.

1,309.

Enchondroma of phalanx.

1,310.

Encondroma of phalanx.

No. 1,311.**Chondro-sarcoma** of the hand.**1,312.****Osteo-chondroma** of the finger.**1,313.****Osteo-chondroma** of the femur.**1,314.**

Cystic tumor of breast. This was removed from the first patient upon whom Dr. JAS. R. WOOD used ether. Prof. A. CLARK examined the small tumor within cyst with the microscope, and stated he believed the patient would die eventually of carcinoma, if not from some acute disease. She died twenty-five years after of cancer of the stomach.

SCIRRHUS.**1,315.**

Scirrhus of the breast, occurring in the male. Removed November 8th, 1874, by Dr. JAS. R. WOOD. This is the seventh case occurring in Dr. WOOD's practice of scirrhus of the male breast.

1,316.**Scirrhus** of breast.**1,317.****Scirrhus** of the breast.**1,318.****Scirrhus** of the breast.**1,319.****Scirrhus** of the breast.

No. 1,320.

Scirrhous tumor removed from the body and angle of the jaw. The tumor reached behind the ramus, and rested upon the styloid process of the temporal bone. This portion was enucleated from its bed without much difficulty. The parotid gland could not be recognized. It was thought to be involved in the tumor or else absorbed by pressure of the tumor. The portio dura was not cut, Steno's duct was obliterated, and that side of the buccal cavity was dry. The tumor began in one of the lymphatic glands, situated on the anterior aspect of the parotid, described by Allan Burns in his work on the Surgical Anatomy of the Head and Neck.

CARCINOMA.**1,321.**

Carcinoma of the breast.

1,322.

Carcinoma of the breast.

1,323.

Carcinoma of the breast.

1,324.

Carcinoma of the breast.

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Carcinoma of the breast.

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Carcinoma of the breast.

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Carcinoma of the breast.

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Carcinoma of the breast.

No. 1,329.

Carcinoma of the breast.

1,330.

Carcinoma of the breast.

1,331.

Carcinoma of the breast.

1,332.

Carcinoma of the breast.

1,333.

Carcinoma of the breast.

1,334.

Carcinoma of the breast.

1,335.

Carcinoma of the breast, showing characteristic retraction of the nipple.

1,336.

Carcinoma of the breast.

1,337.

Carcinoma of the breast. Presented by Dr. L. A. SAYRE.

1,338.

Carcinoma of the breast.

1,339.

Carcinoma of the breast, with lymphatic glands in the axilla enlarged. Removed November 14th, 1876, by Dr. F. S. DENNIS.

1,340.

Carcinoma of the breast.

No. 1,341.

Carcinoma of the breast.

1,342.

Carcinoma of the breast, with false aneurism of the breast. The woman from whom this breast was taken was brought to Dr. Wood's office, having nearly bled to death. The nipple having ulcerated away, the aperture gave exit to a large amount of blood, which came from an immense false aneurism situated in front of the gland. The opening was plugged, and one of Dr. Wood's students accompanied her in a carriage to the Hospital. The breast was removed at Dr. Wood's clinic the same afternoon.

1,343.

Carcinoma of the breast.

1,343 A.

Tumor removed from the arm of Dr. L., May, 1879, after amputation by Dr. Jas. R. Wood. Microscopic examination showed it to be of carcinomatous structure with large alveoli filled with epithelial-like cells enclosed by considerable fibro-stroma. In the portions near the bone there was a sarcomatous structure with the presence of giant-cells.

ANATOMICAL PREPARATIONS.**TRUNK.****1,344.**

Dissection of trunk and half of the lower extremities, showing the receptaculum chyli and the thoracic duct at its point of emptying into the junction of the internal jugular and the subclavian veins.

1,345.

Dissection of the entire body of a child. This is the first preparation made by Dr. Jas. R. Wood.

No. 1,346.

Preparation of thorax, showing the lungs and heart.

1,347.

Dissection of the body, showing the interior of the skull, the thoracic and abdominal vessels, and the thoracic duct, the genito-urinary organs, and the nerves, vessels and muscles of the thigh.

1,348.

Preparation showing the lungs, heart, aorta and its branches, and the trachea.

1,349.

Preparation showing heart, lungs, and vessels at the roots of the lungs.

1,350.

Dissection of the entire human body; the calvarium is removed, showing the reflections of the dura mater. The thoracic organs are left in situ, with their vessels and nerves. The large vessels of the neck and head are carefully dissected out. The extremities show the dissected muscles, vessels and nerves, also the genito-urinary organs of the female.

1,351.

Dissection of the anterior part of the thoracic and abdominal parietes, showing the anastomoses between the superior epigastric branch of the internal mammary arteries and the deep epigastric from the external iliac. The internal mammary veins are preserved in this specimen.

1,352.

Preparation showing the anastomoses between the internal mammary and the deep epigastric arteries, and the avenues through which collateral circulation takes place after ligature of the external iliac artery.

No. 1,353.

Dissection of the entire human body. The calvarium is removed to show the reflections of the dura mater. The vessels of the neck are exposed to view with their surgical relations. The vessels of the thorax and abdomen are injected, and the diaphragm is preserved. The dissection of the extremities shows the muscles, arteries, veins, and nerves in their surgical relations. The genito-urinary organs are preserved to show their surgical relations with other important parts.

1,354.

Dissection of the left half of the trunk, showing the vessels of the thorax and abdomen. The heart is in situ. The kidney presents the abnormality of three renal arteries.

1,355.

Dissection of the left half of the thorax, with the axilla, shoulder, arm, fore-arm, and hand. The vessels are injected and the nerves dissected out with their surgical relations preserved. The spinal cord is also exposed.

1,356.

Dissection of the trunk, with the anterior parietal walls removed, showing the heart with the large vessels in situ. In the pelvis the genito-urinary organs are preserved, and the vessels and nerves on the front of the thigh are carefully dissected out.

1,357.

Dissection showing the arch, thoracic and abdominal portions of the aorta with their branches. The sympathetic nerve, with its semi-lunar ganglion and solar plexus, is also carefully dissected.

1,358.

Dissection showing the aorta, carotid and subclavian vessels. The vertebral arteries are carefully dissected out from their origin to their distribution. The intercostal vessels and nerves are also seen.

1,359.

Dissection of the body of a boy, showing the large vessels.

No. 1,360.

Dissection showing the trunk and pelvis with their arteries and veins. The sympathetic nervous system is shown, with the semi-lunar ganglion and solar plexus and their relations to the coeliac axis. The lumbar plexus is also shown.

1,361.

Sternum showing the injected mammary arteries.

1,362.

Sternum showing the injected mammary arteries and their relations to the cartilages of the ribs and the edge of the sternum.

1,363.

Dissection showing the subclavian and vertebral arteries.

1,364.

Preparation of arteries and veins injected, showing fetal circulation.

1,365.

Specimen showing foetal circulation.

1,366.

Dissection of the arch of the aorta with its branches. The vertebral arteries are seen as they pass from their origin to the foramina in the transverse processes of the sixth cervical vertebra. They are seen then to meet after passing through the foramen magnum to form the basilar artery. The cervical and brachial plexuses of nerves are carefully dissected out, and the formation of each is seen.

1,367.

Injection of the heart and its vessels.

1,368.

Anatomical preparation of the heart, showing its arteries and veins.

No. 1,369.

Fœtal heart, showing ductus arteriosus and its relations.

1,370.

Preparation and dissection of the upper half of an infant, showing sympathetic nervous system.

1,371.

Injection of heart and great vessels.

UPPER EXTREMITY.

1,372.

Preparation of elbow-joint, showing injected arterial supply.

1,373.

Anatomical preparation showing collateral circulation of the occlusion of the popliteal artery.

1,374.

Anatomical preparation of the arm.

1,375.

Dissection of the arm and forearm, showing vessels, nerves and muscles.

1,376.

Dissection of the forearm, showing muscles, vessels and nerves.

1,377.

Dissection of the lower half of the forearm, showing vessels, muscles and nerves.

1,378.

Dissection of the forearm and hand.

No. 1,379.

Dissection of the forearm and hand, with special reference to the surgical anatomy of the large vessels of the forearm and the superficial palmar arch of the hand.

1,380.

Dissection showing the vessels of the hand, with their surgical relations.

1,381.

Dissection showing vessels of the arm and forearm.

1,382.

Dissection of the forearm and hand.

1,383.

Dissection of the forearm and hand.

1,384.

Dissection of the forearm and hand, showing surgical relations of vessels and nerves with deep palmar arch.

1,385.

Dissection showing the relations of the vessels of the arm, forearm and hand.

1,386.

Dissection showing the relations of the veins of the arm, fore-arm and hand.

1,387.

Dissection of vessels of arm, fore-arm and hand.

1,388.

Dissection of the arteries and veins of the arm and forearm.

No. 1,389.

Dissection of the vessels and nerves of the arm, fore-arm, and hand, showing the superficial palmar arch.

1,390.

Dissection showing the surgical relations of the arteries of the fore-arm and hand.

1,391.

Dissection exposing the vessels for ligation in the different parts of the arm, fore-arm and hand.

1,392.

Dissection to expose the palmar arches and the relations of the vessels to the nerves.

1,393.

Dissection of the hand to show the palmar arches and their relations to the tendons of the fingers.

1,394.

Dissection of the axilla, showing the vessels and nerves.

1,395.

Anatomical preparation of upper extremity, showing arterial and venous supply.

1,396.

Dissection of upper extremity, showing arteries and nerves.

1,397.

Dissection of the upper extremity.

1,398.

Dissection of the upper extremity.

No. 1,399.

Dissection of the upper extremity, showing the veins.

1,400.

Dissection of the upper extremity.

1,401.

Dissection of shoulder, arm and fore-arm.

1,402.

Preparation showing vessels of arm, forearm and hand.

1,403.

Dissection to show the venous supply of the arm, fore-arm and hand; also the vena-azygos major and minor, and the axilla.

1,404.

Dissection of the shoulder, arm, fore-arm and hand.

1,405.

Injection of the lymphatics of the hand with metallic mercury.

1,406.

Injection of the lymphatics of the hand with metallic mercury.

1,407.

Injected lymphatics of hand.

1,408.

Injected lymphatics of hand.

LOWER EXTREMITY.**1,408 A.**

Foot showing injection of the lymphatics with metallic mercury.

No. 1,409.

Dissection of the left lower extremity and the pelvis, showing fascia with blood vessels injected.

1,410.

Dissection of the knee-joint, leg and foot, showing the vessels and nerves.

1,411.

Dissection of the knee-joint, leg and foot, showing the posterior tibial vessels and nerves, the popliteal, vessels and nerves, and the plantar arch.

1,412.

Dissection of half the pelvis, with the thigh, leg and foot, showing vessels, muscles and nerves, and particularly the internal iliac artery.

1,413.

Dissection of the thigh, leg and foot, showing the anatomy of the popliteal space.

1,414.

Dissection of the thigh, leg and foot, with special reference to the venous distribution and their surgical anatomy.

1,415.

Preparation of pelvis, thigh, leg and foot, with the ligaments preserved. The genito-urinary organs are in situ.

1,416.

Dissection of the trunk, pelvis and thigh. The vessels and nerves in the abdominal cavity are shown, and the large veins in the pelvis well preserved. The inter-costal arteries and the sympathetic nerves of the trunk are shown. The genito-urinary organs are in situ.

1,417.

Integument of the foot.

No. 1,418.

Anatomical preparation showing the arterial supply of the knee-joint.

1,419.

Anatomical preparation of the knee-joint, showing the arterial supply.

1,420.

Dissection of the lower extremity.

1,421.

Dissection of the lower extremity.

1,422.

Dissection of the thigh and leg.

1,423.

Dissection of the muscles of the thigh, leg and foot.

1,424.

Preparation of the foot of a Chinese woman.

1,425.

Dried preparation of the foot.

HEAD AND NECK,**1,426.**

Dissection of the upper half of the trunk, showing the large vessels of the neck and face. The dura mater and its processes are exposed by a removal of a portion of the calvarium.

1,427.

Dissection of the left half of the skull and thorax, showing the large vessels; also the arm, fore-arm and hand.

No. 1,428.

Dissection showing a vertical section of the skull and thorax, with the vessels and nerves.

1,429.

Dissection showing the circle of Willis.

1,430.

Anatomical preparation of the vessels and nerves of the neck.

1,431.

Skull showing the dura mater, its process, reflexions, and blood vessels, and the distribution of the middle meningeal artery.

1,432.

Vertical section through the median line, showing the cavities of the skull, mouth and fauces.

1,433.

Vertical section of the skull in the median line, showing the falx cerebri and tentorium cerebelli, the frontal sinus, sphenoid cells, posterior nares, buccal cavity, portio dura, and the three branches of the fifth nerve.

1,434.

Specimen showing the sinuses at the base of the skull, and the arterial supply of the face. Also the fauces, posterior nares, and buccal cavity.

1,435.

Vertical Section of the skull in the median line, showing the fauces, posterior nares, the vessels of the neck, and the branches of the external carotid artery.

1,436.

Vertical section of the skull in the median line, showing the dura mater and its processes.

No. 1,437.

Dried preparation of the vessels of the brain, showing three anterior cerebral arteries. Presented by Dr. WYETH.

1,438.

Ossification of portions of the thyroid cartilage.

1,439.

Ossification of the cricoid cartilage of the larynx.

1,440.

Collection of teeth.

PELVIS AND GENITO-URINARY ORGANS.

1,441.

Dissection of pelvis of female, showing relations of pelvic organs and pelvic fascia. The muscles are preserved. The perineum is also dissected.

1,442.

Dissection showing the reflections of the pelvic fascia, together with the fascia of the thigh. The ischio-rectal fossae are dissected out and exposed to view.

1,443.

Dissection of the male pelvis, showing the vessels and nerves.

1,444.

Dissection of the male pelvis, showing the surgical relations of the pelvic organs, and of the ureter, with the iliac vessels on the left side.

1,445.

Dissection of the pelvis, showing the relations of the pelvic organs and the genito-urinary apparatus; also the relations of the iliac artery and vein on the left side.

No. 1,446.

Dissection of the vessels of the pelvis.

1,447.

Dissection of the pelvis, showing the large vessels, particularly the internal iliac artery and its branches.

1,448.

Anatomical preparation of the inguinal region, showing the different layers of hernia. Prepared and presented by Dr. GOULEY.

1,449.

Preparation showing pelvic organs and their relations.

1,450.

Anatomical preparation, showing perineal region.

1,451.

Preparation showing the relations of the female organs of generation.

1,452.

Preparation showing relations of pelvic organs in female, with bony pelvis.

1,453.

Preparation showing the surgical relations of the pelvic organs.

1,454.

Injected penis.

1,454 A.

Preparation of bladder and injected penis. Presented by Dr. W. CAMPBELL.

1,455.

Preparation showing Buck's fascia of the penis.

No. 1,456.

Preparation showing bladder and penis.

ABNORMAL SPECIMENS.

1,457.

Injected arch of aorta, with the following anomaly: the vertebral arises from the arch of aorta on the left side.

1,458.

Preparation showing vertebral artery arising by two branches from the subclavian.

1,459.

Dissection of arch of aorta, with its branches, showing the right carotid given off from the arch, and passing up and crossing in front of the trachea. The right subclavian arises from the arch of the aorta to the left of the left subclavian, and passes behind the trachea, which is embraced by these vessels.

1,460.

Dissection of abdominal aorta injected, and showing four renal arteries going to the left kidney, and also two branches to the supra-renal artery.

1,461.

Dissection showing anomalous distribution of the right subclavian, which arises from the arch of the aorta to the left of the left subclavian. The right carotid and right subclavian arise directly from the arch, the innominate artery being absent.

1,462.

Preparation showing abnormal origin of the left carotid, which arises from the innominate artery, where it is given off from the arch of aorta. Presented by Dr. JANEWAY.

No. 1,463.

Preparation showing the same abnormality of specimen, No. 1,462. The vertebral artery is given off from the arch. Presented by Dr. DENNIS.

1,464.

Dissection of the pelvis. The obturator artery is given off from the deep epigastric.

1,465.

Dissection showing same abnormality as No. 1,464.

1,466.

Preparation showing abnormal origin of left vertebral artery.

1,467.

Specimen showing the absence of the left subclavian artery.

1,468.

Specimen same as No. 1,467.

1,469.

Abnormal distribution of vessels. Presented by Dr. WYETH.

A.—Ulna artery, a branch of the axillary passing between the internal condyle of the humerus and the olecranon. The radial is a continuation of the brachial, the interossei coming from the radial. The right arm was normal.

B.—Branches from the axillary anastomose, with the radial recurrent. Right arm normal.

C.—Radial recurrent from branch of the median, which goes to the palmar arch.

D.—Radial given off from ulna side, ulna from radial side, each crossing to its respective side.

E.—Brachial bifurcates, five inches above elbow-joint, irregular in six of fourteen consecutive cases.

F.—Two supra-scapular arteries, the abnormal one from the internal mammary. Extra branch from the first part of the subclavian.

G.—Axillary divides into radial and ulna.

No. 1,470.

Preparation showing bifurcation of external iliac into superficial and deep femoral. The deep epigastric comes from the profunda. The obturator from the epigastric. Presented by Dr. WYETH.

1,471.

Preparation showing abnormal division of arteries from the arch of aorta. The four large vessels come off from the arch separately.

1,472.

Abnormal distribution of arteries from arch of aorta.

1,473.

Specimen showing origin of left carotid from innominate artery. This artery trifurcates.

1,474.

Trifurcation of arteria innominata. Presented by Dr. TREADWELL.

1,475.

Left vertebral arising from the left arch of the aorta; right carotid crosses the trachea.

1,476.

Disarticulated skull.

1,477.

Dissection showing the deep epigastric artery arising from the obturator, and the obturator from the external iliac.

1,478.

Abnormalities of arteries. Presented by Dr. WYETH.

A.—Abnormal renal artery.

B.—Double renal artery, left side.

C.—Double renal artery on left side; the spermatic turns in to the lower end of the kidney and enters it. The cremasteric acted as the spermatic.

D.—Fractured humerus; patient 50 years of age.

No. 1,479.

Dissection of the fore-arm and hand. The specimen shows the vessels, muscles and nerves and the abnormality of the brachial bifurcating below the elbow-joint.

1,480.

Dissection showing vessels and nerves of the right fore-arm and hand; high bifurcation of the brachial artery.

1,481.

Preparation showing muscles, vessels and nerves of the arm, fore-arm and hand, and their surgical relations. Also a high bifurcation of the brachial artery.

1,482.

Dissection of other arm of same subject as No. 1,481. Same abnormal bifurcation of the brachial artery.

1,483.

Dissection of arm, showing high bifurcation of the brachial artery.

1,484.

Dissection of shoulder, arm and fore-arm, showing high bifurcation of the brachial artery.

PRIZE SPECIMENS.**1,485.**

Dissection of the lower extremities, for which the "Wood" 2d prize was awarded to Dr. H. G. Bidwell, of Bergen, N. J.

1,486.

Dissection of half of the human body, for which the "Wood" prize was awarded.

No. 1,487.

Dissection of the thorax and aorta and the intercostal nerves. Prepared and presented by Dr. O. L. Jones to Dr. Jas. R. Wood.

1,488.

Prize specimen showing a dissection of the fasciæ of the female pelvis, with the internal organs of generation in situ, a portion of the rectum and the arteries, veins and nerves of that locality. The dissection was intended to show the probable openings of abscesses, and the anatomical relations of pelvic cellulitis. Also the faciæ of the perineum, with septa of muscles in the femoral region, as shown by the removal of muscular and areolar tissue.

1,489.

Prize specimen showing dissection of the axilla, arm, fore-arm and hand. High bifurcation of the brachial artery, 2d prize awarded to Dr. J. W. Alexander, of Mississippi, 1874.

1,490.

Prize specimen for which the first prize was awarded to Dr. Ephraim Morrison, of St. John's, New Brunswick, by Dr. Jas. R. Wood, 1875.

1,491.

Full length preparation of male adult, showing heart, stomach, diaphragm, bladder, organs of generation, and an oblique inguinal hernia. Also the arterial, venous and nervous systems, particularly in their relations to regional anatomy. The origin and distribution of the cranial nerves, and superficial and deep nerves generally. The surgical anatomy of the neck, the mesenteric arteries, etc., etc. In this dissection, by a gradual process of drying, the volume of the various muscles has been well preserved. The preservative fluid employed was a saturated solution of the arsenite of soda. A first prize was awarded for this specimen to Dr. John Shradly.

1,492.

Dissection of the body of a boy, for which a second prize was awarded to Dr. JAMES B. CUTTER, 1860.

No. 1,493.

Prize specimen, showing dissection of vessels and nerves of head and neck. A first prize was awarded for this.

1,494.

Prize specimen, showing the reflections of the pelvic fascia, and that of the thigh, the genito-urinary organs, and their relations. The layers of the abdominal parietes are carefully dissected, and the large vessels of pelvis and thigh are injected. Took a first prize.

1,495.

Prize specimen for which the first-class "Wood" prize was awarded to Dr. G. F. SHRADY, on March 1, 1858. The three Colleges competed—College of Physicians and Surgeons, University Medical College, and Bellevue Hospital Medical College. The signers of the original diploma were Profs. Valentine Mott, Alex. H. Stevens, Willard Parker, Robt. Watts, W. H. Van Buren, Alfred C. Post, E. R. Peaslee, T. Childs and Dr. Jas. R. Wood. The prize was \$50.

This specimen is a dissection of the cranial, cervical and dorsal nerves, but more particularly of the former. The nine pairs of cranial nerves are traced from their point of exit through the skull to their final distributions. The minute, deep-seated inosculations of the fifth pair are shown on the left side of the head, the different bony parts having been cut away for that purpose. The more superficial distribution of the facial nerve and its intricate inosculation with the three branches of the trifacial are seen on the opposite side. Tracing the fifth pair on the left side, from its root to its ultimate distribution, are noticed the Casserian ganglion, Meckles' (sphenopalatine) ganglion, the chorda tympani nerve, the motor root of the fifth pair, and the connections of the trifacial with neighboring cranial nerves. The inosculation of the cranial with the cervical are also exhibited on the anterior and lateral portions of the neck. The relations also of the pneumogastric with the glosso-pharyngeal, hypoglossal and phrenic nerves and with the larger vessels of the neck are also shown. The different branches of the brachial plexus, median, ulnar, musculo-spiral and cutaneous nerves are exposed as far as the elbow, also the principal blood-vessels of the neck, axillæ and arms.

No. 1,496.

Prize specimen, in which the orbital plate of the frontal bone has been removed, showing the relations of the arteries, veins and muscles in the orbit. The cervical vertebrae have been removed, showing the posterior nares, velum pendulum palati, buccal cavity, fauces and larynx. The superior portion of the oesophagus is also visible.

1,496 A.

Anatomical preparation, showing the vessels and nerves of the face, neck and axilla, and also the membranes of the brain. Prize specimen.

S K E L E T O N S .

1,497.

Skeleton of human body, with ligaments of the joints preserved.

1,498.

Skeleton of the first deserter from the Northern Army during the War of the Rebellion.

1,499.

Skeleton of the human body.

M U M M I E S .

1,500.

Mummied body of a colored man, showing dislocation of right shoulder.

1,501.

Mummied specimen.

1,502.

Mummied specimen.

No. 1,503.

Mummied head of child.

1,504.

Mummied feet of child.

1,505.

Mummy of which Nos. 1,503 and 1,504 formed a part.
These three specimens were presented by Dr. JAS. FERGUSSON.

1,506.

Mummy.

1,507.

Mummy.

1,508.

Mummy.

SPECIMENS OF TATTOOING.

1,509.

Tattooed hand.

1,510.

Tattooed hand.

1,511.

Specimen showing tattooed integument.

1,512.

Specimen of tattooed integument removed from the thorax, showing full-rigged ship under sail.

1,513.

Specimen of tattooed integument showing full-rigged man-of-war.

No. 1,514.

Tattooed integument showing the American flag.

1,515.

Tattooed integument from the arm of a sailor, showing a remarkable device executed in India ink.

SURGICAL SPECIMENS.**G A N G R E N E .****1,516.**

Gangrene from frost-bite. Amputation was performed by Dr. CHAS. PHELPS.

1,517.

Amputation of both legs for gangrene, the result of a frost-bite. The patient recovered.

1,518.

Same as above. Gangrene and amputation, with recovery.

1,519.

Dry or senile gangrene, occurring in an aged person. Amputation and recovery.

1,520.

Dry mortification of both feet and lower portion of legs. Amputation and recovery.

1,521.

Same as specimen 1,520.

1,522.

Senile gangrene caused by calcification of the femoral artery. Amputation and recovery.

No. 1,523.

Gangrene of foot occurring during typhus fever.

SUB-PERIOSTEAL SURGERY AND REPRODUCTION OF BONE.**1,524.**

Necrosed fibula removed by sub-periosteal operation for strumous synovitis of the ankle-joint. An entire new bone was formed.

1,525.

Removal of a portion of the inferior maxilla for necrosis. The symphysis and two-thirds of the body of the jaw were removed. The four lower incisor teeth, which were held by the gums and not removed, were embraced by the new bone formation, which reached up to the enamel of the teeth. The patient was under observation for three years after the operation, and the teeth were still firm and useful.

1,526.

Necrosis of part of the lower jaw and formation of new bone.

1,527.

Removal and reproduction of clavicle for necrosis.

1,527 A.

Portions of the inferior maxilla, which were removed by Dr. Jas. R. Wood, by the sub-periosteal method, for the relief of neuralgia of the inferior dental nerve. The portion removed was reproduced, and the neuralgia has never returned since the operation, which was performed in August, 1879.

1,527 B.

Ramus and portion of the body of the inferior maxilla, which was removed by Dr. Jas. R. Wood from a child who had suffered for a long time with necrosis. The bone was reproduced, and the child made complete recovery.

No. 1,528.

Removal and reproduction of the inferior maxillary bone for necrosis. A new and useful jaw was formed.

1,529.

Sub-periosteal reproduction of a section of a rib. Between thirty and forty years ago, Dr. Jas. R. Wood had occasion to open an abscess, situated between the periosteum and bone of a rib, and noticed that the periosteum was quite firm, the knife passing through it giving the sensation of cutting soft bone. The wound was kept open by a tent until the periosteum was firm, so that a portion of it had to be removed before the dead bone could be extracted. The patient was afflicted with tuberculosis of the lungs, and died about a year after the operation, when this specimen was obtained. The continuity of the rib was completely re-established. This was Dr. Jas. R. Wood's first operation for the reproduction of bone.

1,530.

Necrosis of the superior maxilla. The operation was sub-periosteal. A new jaw was produced. The patient, Isaac Wilkisson, is still alive (No. 1,880).

1,531.

Necrosis of lower jaw; entire reproduction of the inferior maxilla.

1,531 A.

Necrosis of the malar bone. Removed by the sub-periosteal method and reproduction.

1,532.

Reproduction of bone after removal of the inferior maxilla. For full account of this case see Transactions of the German Congress of Surgeons at Berlin, 1877. Specimen presented to the Congress and remarks made by Prof. von Langenbeck. The necrosis occurred in consequence of the fumes of phosphorus, and the jaw was removed by Prof. Jas. R. Wood.

1,533.

Necrosis and reproduction of the inferior maxilla from the periosteum.

FOREIGN BODIES REMOVED FROM DIFFERENT PARTS OF THE
BODY, BULLETS, ETC.

No. 1,534.

Bullets removed from the knee-joint and arm, by a valvular incision. Patient recovered without loss of function of joint.

1,535.

Hair-ball from the stomach of a cow.

1,536.

A wooden ball used as a pessary, which was removed from the vagina of a woman, it having been there for several years, and had produced extensive ulceration. It was removed by Smillie's forceps, by Dr. Jas. R. Wood.

1,537.

Mass of rubber removed from the intestine of an ibex. It produced obstruction, and was the cause of the animal's death. Presented by Dr. ISHAM.

1,538.

Hair-ball from the stomach of a giraffe. Presented by Dr. ROBT. TAYLOR.

1,539.

Ball lodged between the fifth and sixth ribs, stopping at the parietal pleura. The ball entered to the right of the sternum. The patient recovered.

1,540.

Salivary calculus removed from Wharton's duct by Dr. Jas. R. Wood.

1,541.

Pistol-ball removed by Dr. Jas. R. Wood from the left side of the antrum.

1,542.

Pistol-ball removed by Dr. Jas. R. Wood from under the zygoma, where it was imbedded in the temporal muscle.

No. 1,543.

Pistol-ball removed by Dr. Jas. R. Wood from the quadratus lumborum muscle.

1,544.

Pistol-ball removed by Dr. Jas. R. Wood from the groin, where it rested on the femoral artery.

1,545.

Musket-ball removed from the thigh of an Indian.

1,546.

Thimble removed from the chink of the glottis. It had fallen into this aperture, point downward. The child was brought to Dr. Jas. R. Wood's office in a cyanotic and dying condition. He quickly introduced his finger into the throat, and, striking the thimble, immediately drew it out on the end of his finger. Artificial respiration restored the nearly-dead child to life.

1,547.

Portion of a lady's shawl-pin removed by Dr. Jas. R. Wood from the trachea of a child aged six years.

1,548.

Small foreign coin removed by Dr. Jas. R. Wood from trachea, by tracheotomy. Recovery took place.

1,549.

Coin removed by Dr. Jas. R. Wood from the trachea of a boy aged twelve years.

1,550.

Half-dollar removed from the œsophagus by Dr. Jas. R. Wood.

1,551.

Copper cent removed from the œsophagus by Dr. Jas. R. Wood.

1,552.

Quarter of a dollar silver piece removed from the œsophagus by Dr. Jas. R. Wood.

No. 1,553.

Copper cent, much corroded, removed by Dr. Jas. R. Wood from the œsophagus, where it had remained for two weeks, causing stricture.

1,554.

Dutch coin removed from the œsophagus.

1,555.

Ten-cent piece, removed from the trachea, where it had remained several weeks, by tracheotomy. Patient died three weeks after the operation.

1,556.

Fish-bone removed from the œsophagus by Dr. Jas. R. Wood in 1848.

INJURIES TO TENDONS.

1,557.

First phalanx of a thumb. It and the flexor tendon were torn off. The tendon was torn from its muscular attachment and completely removed from its sheath. The patient caught his thumb between two fence-pickets while running.

1,558.

Distal phalanx torn off, and the flexor tendon torn from its muscle. The finger was caught in a safe. The patient tried violently to withdraw it from the safe-door, and, in doing so, the phalanx and tendon were torn off.

1,559.

Distal phalanx and tendon torn off from the finger. The patient slipped on his front door-step one slippery morning in winter, and, in trying to save himself from falling, grabbed the foot-scraper, which caught the end of his finger, and he, falling down stairs, the finger was forcibly torn off.

CASTS AND MODELS.

WAX AND PAPIER MACHÉ MODELS.

1,560.

Wax cast of a hand, showing contraction caused by burns. There was marked improvement by operative procedure.

1,561.

Wax cast showing congenital deformity of the hand.

1,562.

Wax preparation showing the origin of the spinal nerves.

1,563.

Model of gangrene of larynx following polypus.

1,564.

Model in wax of carcinomatous stricture of the œsophagus and carcinoma of the larynx.

1,565.

Papier mache' model showing hydatid cyst of the liver. Two of the cysts have ruptured and two of them have not.

1,566.

Wax cast of stricture of the transverse colon. See specimen No. 819.

1,567.

Wax preparation showing fœtus in utero.

1,568.

Wax model of a penis.

1,569.

Wax model showing hæmatoma of the breast. Made and presented by Prof. DAN'L AYERS, of Brooklyn.

No. 1,570.

Cast of toes showing dry or senile gangrene.

1,571.

Wax cast showing the effect of tertiary syphilis.

1,572.

Cast of the thyroid body successfully removed by Dr. Voss, October, 1861.

1,573.

Wax model showing hemorrhoids.

1,574.

Papier mache' model of stomach and mesenteric glands. It shows cancer of the pyloric orifice of the stomach and secondary deposit in the mesenteric glands and absorbents.

1,575.

Wax preparation of the genital organs of an hermaphrodite, aged twenty-seven years, who died of congestion of the brain during menstruation. Reported in the "American Journal of the Medical Sciences," Vol. 26, July, 1853, pp. 63-367, by Drs. Burnett and Blackburn. The individual was twenty-seven years old, English. The vagina opened into the urethra, through which menstruation took place regularly. The urethra, prostate, vesiculæ seminales and bladder were well formed. The testicles had not descended, and were situated at the seat of their primitive formation, near the spinal column. The communication between the vagina and the urethra was complete and perfect. The uterus and fallopian tubes, with their fimbriated extremities, were also complete. The ovaries were normal as to their situation and structure.

1,576.

Contraction of fingers resulting from a burn, of which this wax cast has been made.

No. 1,577.

Cast showing surgical relations of rectum, perineum and penis during operation for stone in the bladder.

1,578.

More superficial dissection and demonstration of the perineal structures than No. 1,577.

1,579.

Deeper demonstration of the perineal region than specimen No. 1,578.

1,580.

Demonstration of the perineal structures in plaster.

1,581.

Preparation showing relations of the membranous portion of the urethra.

1,582.

Wax preparation showing clubbed hands. Presented by Prof. L. A. SAYRE.

1,583.

Wax preparation of a double uterus communicating with one vagina.

1,584.

Wax preparation of a sebaceous tumor.

1,585.

Wax preparation of a sebaceous tumor.

1,585 A.

Wax preparation showing the ravages of tertiary syphilis.

1,586.

Wax preparation of a malignant tumor of the breast.

No. 1,587.

Wax preparation of a malignant tumor of the breast.

1,588.

Wax preparation showing lupus exedens.

1,589.

Cast of a double vagina and uterus.

1,590.

Wax cast of talipes varus.

1,591.

Wax cast of talipes calcaneus.

1,592.

Wax cast showing stump after amputation at the wrist-joint.

1,593.

Wax preparation showing a horn growing from the forehead. Taken from a cast in the possession of the late VALENTINE MOTT, M. D.

1,594.

Papier mache' model of the eye.

1,595.

Wax preparation showing carcinoma of the orbit.

1,596.

Wax model of the base of the skull, showing the second, third, fourth and fifth cranial nerves. The orbital plate of the frontal bone is removed to show the eye in the cavity of the orbit.

1,597.

Plaster injection and cast of the heart.

No. 1,597 A.

Wax cast of penis showing strictures of the urethra.

1,598.

Wax cast of normal kidneys, showing their minute structural anatomy; also the bladder with vesiculæ seminales attached. Presented by Dr. L. A. SAYRE.

P L A S T E R C A S T S .**1,599.**

Plaster cast of large osteo-chondroma of the thigh.

1,600.

Plaster cast of a polypus of the uterus.

1,601.

Plaster cast of stump after amputation of the leg. From Martin Mahon, 1878.

1,602.

Plaster cast of stump after amputation. From Joseph Murphy, 1878.

1,603.

Cast of Symes' amputation.

1,604.

Cast of elephantiasis of the scrotum.

1,605.

Polypus of the uterus—plaster cast.

1,606.

Plaster cast of head with large epithelial cancer of the scalp. See No. 1,288.

No. 1,607.

Plaster cast showing the usual deformity in Colles' fracture. Displacement of the ulna.

1,608.

Cast of stump after amputation. From James Maguire, 1878.

1,609.

Cast of enormous hypertrophied breast. See specimen No. 1,275.

1,610.

Double dislocation of radius and ulna outward.

1,611.

Cast of sarcoma of the shoulder, occurring in a young girl. It caused the death of the patient.

1,612.

Cast of stump after amputation. From Mrs. Reilly, 1878.

1,613.

Cast of stump after amputation. From William Lambert, 1878.

1,614.

Cast of a malignant sarcoma of the breast.

1,615.

Cast of a malignant sarcoma of the arm and elbow-joint.

1,616.

Cast of an hydrocephalic head.

1,617.

Cast of the head of John Rouse, an idiot, who has long been on Randall's Island. He was born May 21, 1843, and is still alive (1880).

No. 1,618.

Cast of an hydrocephalic head.

1,619.

Plaster cast of a gall stone. Presented by Prof. A. FLINT, SR.

**COLLECTION OF PAPIER MACHÉ
MODELS.**

Presented by Bellevue Hospital Medical College.

CEREBRO SPINAL SYSTEM.

BRAIN, CORD AND NERVOUS SYSTEM.

1,620.

Corpus callosum, gyrus fornicatus and upper vertical section of the cerebellum.

1,621.

Vertical section through the superior longitudinal fissure of the brain, showing the septum lucidum, fornix, iter e tertio ad quartum ventriculum, etc.

1,622.

Horizontal section of the brain. Fornix reflected upon cerebellum. The corpus striatum, etc., are shown.

1,623.

Horizontal section of the brain, showing the choroid plexus, tænia semicircularis, etc.

1,624.

External appearance of a tubercular tumor of the brain.

1,625.

Interior of the tubercular tumor shown on specimen 1,624.

1,626.

Flattening of the convolutions of the brain. Chronic inflammation.

1,627.

Capillary apoplexy.

1,628.

Tubercular granulations of the tunica arachnoidea.

1,629.

Tubercular granulations of the brain.

1,630.

Encysted abscess of the brain.

1,631.

Cerebral apoplexy.

No. 1,632.

Inflammatory changes in the spinal cord.

RESPIRATORY SYSTEM.

1,633.

(Edema glottidis, gangrenous abscess of larynx.

1,634.

Caries of larynx, gangrenous abscess, œdema of the glottis, trachea, etc.

No. 1,635.

Hemorrhage extravasating into mucous membrane of the larynx.

1,636.

Pleura with fibrinous exudation on both its parietal and visceral layers.

1,637.

Pleura with thickening from effusion of pus into pleural cavity from rupture of a vomica in lung.

1,638.

Gray hepatization of lung.

1,639.

Congestion of the pulmonary parenchyma.

1,640.

Congestion of the mucosa of the small bronchial tubes.

1,641.

Abscess of the lung.

1,642.

Metastatic abscess of the lung.

1,643.

Emphysema of the lung.

1,644.

Red hepatization of the lung.

1,645.

Splenization of the lung.

1,646.

Lobular pneumonia.

No. 1,647.

Cavity of pleura, showing hemorrhage from pulmonic apoplexy.

1,648.

Edema of the pulmonary parenchyma, with engorgement.

1,649.

Respiratory organs showing false membrane in bronchi.

1,650.

Acute inflammation of the trachea and bronchial tubes.

1,651.

Capillary bronchitis.

1,652.

Cancer of lung, encephaloid in appearance.

1,653.

Pleura with tubercles undergoing ulceration.

1,654.

Respiratory apparatus of an adult; false membrane in trachea and bronchi.

1,655.

Pulmonary apoplexy without rupture.

1,656.

Pulmonary apoplexy.

1,657.

Atrophy of the lung.

1,658.

Gangrene of lung.

No. 1,659.

Tubercular ulceration of larynx and trachea.

1,660.

Active hyperaemia of lung, with red hepatization.

1,661.

Hepatization of lung with capillary bronchitis, simulating tubercular granulations.

1,662.

Different stages of tubercle.

1,663.

Tubercles and granulations.

1,664.

Miliary tubercles of the pulmonary parenchyma.

1,665.

Pleura and part of lung showing superficial miliary tubercles.

1,666.

Engorgement of the lungs, emphysema.

CIRCULATORY SYSTEM.

H E A R T .

1,667.

Hypertrophy and dilatation of the heart.

1,668.

Hypertrophy of the heart, with white spots.

No. 1,669.

Complete ossification of the aortic orifice and semilunar valves.

1,670.

Ulceration of the ventricles with softening.

1,671.

Polypus of the aortic valves.

1,672.

Calcification of the aortic valves.

1,673.

Concentric hypertrophy of the left ventricle.

1,674.

Partial softening of the left ventricle.

1,675.

Rupture of the heart.

1,676.

Pericardium with capillary injection.

1,677.

Pericardium with false membrane.

1,678.

Hypertrophy of the left ventricle, with calcification of the aortic valves.

1,679.

Hypertrophy of the left ventricle, with cartilaginous induration of the valves.

1,680.

Hypertrophy of the left ventricle, with vegetations of the aortic valves.

No. 1,681.

Tubercles between the columnæ carneæ of the heart.

1,682.

Inflammation of the internal walls of the heart and great vessels.

1,683.

Abscess of the heart and purulent deposit.

1,684.

Fatty degeneration of the heart.

1,685.

Pericardium showing tubercular deposit.

BLOOD VESSELS.**1,686.**

Tubercles of the pericardium.

1,687.

Double aneurism of the aorta.

1,688.

Erosion of the vertebral column by an aneurism.

1,689.

Venous thrombus and phlebitis.

1,690.

Thickening of the internal tunic of a vein.

1,691.

Phlebitis resulting in the formation of pus.

DIGESTIVE SYSTEM.

STOMACH AND INTESTINES.

No. 1,692.

Parietal hemorrhage of the mucous membrane of the stomach.

1,693.

Inflammation of the pyloric portion of the stomach.

1,694.

Ulceration and perforation of the stomach.

1,695.

Perforation of the stomach from disease of its walls.

1,696.

Disease of mouth and pharynx.

1,697.

Cancer of the tongue showing inflammatory hypertrophy.

1,698.

Cancer, ulcer and congestion of the œsophagus.

1,699.

Peyer's glands showing congestion without ulceration.

1,700.

Peyer's glands showing honey-combed appearance.

1,701.

Valvulae conniventes showing hypertrophy.

1,702.

Peyer's patches showing ulceration.

No. 1,703.

Duodenum showing ulceration.

1,704.

Hypertrophy of the follicles of the large intestine.

1,705.

Alteration of different tissues accompanying follicular enteritis

1,705 A.

Petechiæ and gangrenous ulcerations.

1,706.

Small intestine showing gangrenous ulceration and perforation.

1,707.

Stomach showing scirrhus, and encephaloid of the lymphatic glands.

1,708.

Stomach showing cancerous disease.

1,709.

Stomach showing cancer of the pyloric portion.

1,710.

Small intestines showing appearance after epidemic dysentery.

1,711.

Appearance of the follicles of the small intestines in epidemic dysentery.

1,712.

Tubercles in the peritoneum.

No. 1,713.

Ulceration and gangrene of the large intestine from epidemic dysentery.

1,714.

Tubercular ulceration of the large intestine.

1,715.

Tubercles in small intestines.

1,716.

Gangrene of small intestines.

1,717.

Hypertrophy of the mucosa of the intestines; dysenteric.

1,718.

Ulceration of Peyer's glands, with perforation.

1,719.

Ulceration of mucosa.

1,720.

Dilatation and gangrene of the stomach.

L I V E R.

1,721.

Hypertrophy of the right lobe of the liver.

1,722.

General false hypertrophy of the liver; congestion.

1,723.

Hypertrophy of the liver, with crude and softened tubercles in all parts.

No. 1,724.**Cancer** of the liver.**1,725.****Cancer** of the liver.**1,726.****Hydatid cysts** of liver.**1,727.****Atrophy of the liver**; biliary ducts filled with calculi.**1,728.****Deep abscess** of the liver.**1,729.****Cheesy tubercular nodules** in parenchyma of the liver.**1,730.****Encysted abscess** of the liver.**1,731.****Fatty liver.****1,732.****Fatty liver.****1,733.****Fatty granulations** of the liver.**1,734.****Scirrhus** of the liver.**1,735.****Tubercles** of the liver.**1,736.****Scirrhus** of the liver.

P A N C R E A S.

No. 1,737.

Scirrhus of the pancreas.

1,738.

Phlegmon of the pancreas.

S P L E E N.

1,739.

Congestion of the spleen; ague cake.

1,740.

Metastatic abscess of the spleen.

1,741.

Multiple abscesses of the spleen.

1,742.

Tubercles of the spleen.

1,743.

Miliary tubercles of the spleen.

1,744.

Encephaloid and melanoid cancer of the spleen.

1,745.

Cysts of the spleen.

U R I N A R Y S Y S T E M.

K I D N E Y.

1,746.

Bright's disease; yellow granulations.

No. 1,747.

Bright's disease, with hypertrophy.

1,748.

Abscesses of the kidney.

1,749.

Yellow degeneration of the cortical portion of the kidney, with hypertrophy.

1,750.

Inflammation of the kidney, with congestion of the capsule.

1,751.

Multiple cysts of the kidney.

1,752.

Interior of cyst of the kidney shown in No. 1,751.

1,753.

Calculus of the kidney and nephritic dropsy.

1,754.

Calculi in the kidney.

1,755.

Hypertrophy of the kidney, with granular infiltrations.

1,756.

Pyelitis.

1,757.

Hypertrophy of the kidney, with yellow granulations.

1,758.

Abscess of the kidney.

No. 1,759.

Abscess of the kidney.

1,760.

Surgical kidney ; pyelo-nephrosis.

1,761.

Inflammation and obliteration of the veins of the kidney.

1,762.

Hemorrhage into the pelvis of the kidney.

1,763.

Congestion of the pelvis and ureters of the kidney.

GENITO URINARY SYSTEM.

FEMALE.

1,764.

Generative apparatus of a female infant (normal).

1,765.

Generative apparatus of a female adult (normal).

1,766.

Ulceration of the body of the uterus.

1,767.

Collection of wax specimens showing normal uteri and different diseases of the uterus:

- 1.—Normal uterus of a young girl.
- 2 —Normal uterus of a young woman.

3.—Superficial erosions of the cervix, and catarrh of the uterine mucous membrane.

4.—Inflammatory granulations: first period.

5.—Granulations and suppuration: second period.

6.—Non-ulcerative carcinoma.

7.—Syphilitic suppuration of the mucous follicles.

8.—Hydatids of the uterus.

9.—Cancer of the uterus.

10.—Phagadema of the superior lip of the os uteri.

11.—Laceration of the neck of the uterus from labor.

12.—Prolapsus.

No. 1,768.

Congestion of the cervix uteri.

1,769.

Atrophy of the uterus.

1,770.

Rupture of the uterus.

1,771.

Bifid uterus.

1,772.

Concealed hemorrhage of the uterus.

1,773.

Sub-involution of the uterus.

1,774.

Metritis.

1,775.

Gynæcological specimens.

1,776.

Sub-serous fibroid tumors of the uterus.

No. 1,777.

Cervix uteri, normal and congested.

1,778.

Gynæcological specimens of the cervix uteri.

1,779.

Carcinoma uteri.

1,780.

Ulcers of the cervix uteri, erosions and enlargement of congestion.

1,781.

Prolapsus and procidentia of the uterus.

1,782.

Anteflexions and retroflexions of the uterus.

1,783.

Cystocele and rectocele.

1,784.

Hydro-solpynx.

1,785.

Gangrenous inflammation of the vulva: vaginitis, etc.

1,786.

Chancre and abscess of the vulva and ostium vaginae.

1,787.

Procidentia uteri and cystocele.

1,788.

Various inflammatory changes of the ovaries.

No. 1,789.

Ovarian tumor ; polypus of uterus and intra-mural myofibroma.

1,790.

Ovarian tumors.

1,791.

Ovaries, corpus luteum, etc.

1,792.

Uterus at full term.

1,793.

Uterine surface of normal placenta.

1,794.

Uterine surface of normal placenta.

1,795.

Apoplexy of the placenta.

1,796.

Placenta and its attachments.

1,797.

Placenta and its attachments.

1,798.

Uterus, first month of gestation.

1,799.

Uterus, second month of gestation.

1,800.

Uterus, third month of gestation.

No. 1,801.

Uterus, fourth month of gestation.

1,802.

Uterus, fifth month of gestation.

1,803.

Uterus, sixth month of gestation.

1,804.

Uterus, seventh month of gestation.

1,805.

Uterus, eighth month of gestation.

1,806.

Uterus, ninth month of gestation.

1,807.

Antero - posterior section through true and false pelvis, showing the relations of the genito-urinary system to the pelvis.

HISTOLOGICAL SPECIMENS.

1,808.

Cortical substance of the encephalon.

1,809.

Anastomosis of nerves.

1,810.

Intermediary capillaries (vascular system).

1,811.

Termination of nerves.

No. 1,812.

Minute anatomy of human hair, magnified four hundred diameters.

1,813.

Adipose tissue.

1,814.

White elastic tissue (diagramatic).

1,815.

Temporary cartilage about to ossify.

1,816.

Canaliculi of bone.

1,817.

Lamellæ, Haversian canals, Haversian systems, etc., of bone.

1,818.

Lamellæ, canaliculi, and Haversian canals of bone.

1,819.

Voluntary muscle, showing transverse and longitudinal striæ.

1,820.

Muscle showing the appearance of the fibres when contracting.

1,821.

A simple follicle.

1,822.

A compound racemose gland.

1,823.

Ciliated epithelium.

No. 1,823 A.

Papier mache' preparation, showing minute structure of a villus.

1,823 B.

Papier mache' preparation, showing perforation of the intestines by a portion of a whale-bone bougie.

SKIN DISEASES,

arranged as nearly as possible after the classification of Tilbury Fox.

EXANTHEMATOUS.

1,824.

Erythema fugax.

1,825.

Erythema nodosum.

1,826.

Erythema centrifugum.

1,827.

Erythema nodosum.

1,828.

Erythema nodosum.

1,829.

Urticaria febrilis.

1,830.

Urticaria subcutanea.

1,831.

Purpura hæmorrhagica.

No. 1,832.**Purpura.****1,833.****Purpura senilis.****1,834.****Scarlatina maligna.****1,835.****Scarlatina.****1,836.****Scarlatina.****1,837.****Roseala annulata.****1,838.****Roseala annulata.****V E S I C U L A R .****1,839.****Rupia simplex.****1,840.****Rupia of the neck.****1,841.****Rupia with ulceration.****1,842.****Rupia cachectica.****1,843.****Rupia.****1,844.****Herpes labialis.**

No. 1,845.**Herpes iris.****1,846.****Herpes phlyctenoides.****1,847.****Herpes.****1,848.****Herpes annulata.****1,849.****Herpes circinatus.****1,850.****Herpes zoster.****1,851.****Herpes.****1,852.****Varicella.****1,853.****Vaccinia.****1,854.****Vaccinia.****1,855.****Millaria.****P U S T U L A R .****1,856.****Impetigo sparsa.****1,857.****Impetigo.**

No. 1,858.

Impetigo scabiosa.

1,859.

Impetigo sparsa.

1,860.

Impetigo sparsa.

1,861.

Impetigo sparsa.

1,862.

Ecthyma.

1,863.

Ecthyma, ulcerated and inflamed.

1,864.

Cachectic ecthyma.

1,865.

Cachectic ecthyma, inflamed.

1,866.

Cachectic ecthyma.

1,867.

Ecthyma and impetigo.

1,868.

Porriago lupinosa.

No. 1,869.

Porrigo.

1,870.

Porrigo farosa.

1,871.

Porrigo lupinosa.

1,872.

Porrigo lupinosa.

1,873.

Scabies occurring in an adult.

1,874.

Scabies with ecthyma and impetigo.

1,875.

Scabies eczema.

1,876.

Scabies eczema rubrum.

1,877.

Scabies purulenta cachectica.

1,878.

Scabies eczema.

1,879.

Scabies.

1,880.

Scabies purulenta.

No. 1,881.**Variola discreta.****1,882.****Variola.****1,883.****Variola.****1,884.****Variola.****1,885.****Variola, third day.****1,886.****Variola, fourth day.****1,887.****Variola, fifth day.****1,888.****Variola, sixth day.****1,889.****Variola, eighth day.****1,890.****Variola, tenth day.****1,891.****Variola after vaccination, third and fourth day.****1,892.****Variola after vaccination, fifth and sixth day.**

No. 1,893.

Variola after vaccination, seventh and eighth day.

1,894.

Variola after vaccination, ninth day.

1,895.

Variola after vaccination, tenth day.

1,896.

Variola after vaccination, fifteenth day.

1,897.

Variola after vaccination.

1,898.

Varioloid.

P A P U L A R.

1,899.

Strophulus.

1,900.

Lichen simplex.

1,901.

Lichen urticatus.

1,902.

Lichen.

1,903.

Lichen.

No. 1,904.

Prurigo.

1,905.

Prurigo.

1,906.

Prurigo lupinosa.

S Q U A M O U S .

1,907.

Lepra vulgaris.

1,908.

Lepra vulgaris.

1,909.

Lepra.

1,910.

Lepra.

1,911.

Lepra.

1,912.

Lepra alphoides.

1,913.

Lepra vulgaris.

1,914.

Lepra nigricans.

No. 1,915.

Lepra nigricans.

1,916.

Lepra alphoides.

1,917.

Cocoa Bay, or West India leprosy.

1,918.

Lepra.

1,919.

Lepra.

1,920.

Lepra aggravated by a warm bath.

1,921.

Pityriasis versicolor.

1,922.

Pityriasis versicolor.

1,923.

Pityriasis.

1,924.

Psoriasis pilaris.

1,925.

Psoriasis inveterata.

1,926.

Psoriasis palmaris.

No. 1,927.

Psoriasis labialis.

1,828.

Psoriasis palmaris.

1,829.

Psoriasis palmaris.

1,930.

Psoriasis.

1,931.

Psoriasis inveterata.

1,932.

Ichthyosis.

B U L L A U S .

1,933.

Erysipelas simplex.

1,934.

Erysipelas phlegmonodes.

1,935.

Pompholyx.

1,936.

Pompholyx.

1,937.

Pemphigus acuta.

1,938.

Pemphigus acuta.

TUBERCULAR.

No. 1,939.**Elephantiasis** of the Greeks.

1,940.

Elephantiasis.

1,941.

Elephantiasis.

1,942.

Elephantiasis.

1,943.

Acne indurata.

1,944.

Acne indurata.

1,945.

Acne indurata.

1,946.

Acne indurata.

1,947.

Pathological, wet specimen of the entire integument of the face, showing acne rosacea hypertrophica.

MISCELLANEOUS.

1,948.

Scabies.

1,949.

Eczema impetiginodes.

1,950.

Eczema simplex.

1,951.

Eczema of the mamma.

No. 1,952.**Acute** eczema rubrum.**1,953.****Eczema capitis.****1,954.****Eczema solare.****1,955.****Eczema solare.****1,956.****Eczema rubrum.****1,957.****Sudamina.****1,958.****Gangrene** of the head.**1,959.****Gangrene** of the head.**1,960.****Tubercular melanosis.****1,961.****Papular syphilide.****1,962.****Varicose veins**; ulceration taking place.**1,963.****Scorbutus.****1,964.****Purpura**, mild.**1,965.****Hydroa** bulbosum.

COMPARATIVE ANATOMY.

COLLECTION OF COMPARATIVE ANATOMY.

No. 1,966.

Skeleton of variety of small parrot (*Melopsittacus undulatus*).

1,967.

Skeleton of a sea bird (*Tringa semipalmatus*).

1,968.

Skeleton of a plover-snipe (*Charadrius*).

1,969.

Skeleton of a small variety of parrot (*Melopsittacus undulatus*).

1,970.

Skeleton of a quail (*Ortyx Virginianus*).

1,971.

Skeleton of a frog (*Rana pipiens*).

1,972.

Skeleton of a mole (*Talpa Europea*).

1,973.

Skeleton of a salamander (*Salamandra maculosa*).

1,974.

Skeleton of a horned frog (*Ceratophrys cornuta*).

1,975.

Skeleton of a common turtle.

1,976.

Skeleton of a bull-frog (*Rana pipiens*).

No. 1,977.

Skeleton of a small green heron (*Ardea Virescens*).

1,978.

Skeleton of a scarlet ibis — the sacred ibis of the Egyptians (*Ibis Rubra*).

1,979.

Skeleton of a common loon (*Colymbus Glacialis*).

1,980.

Skeleton of a Cochin-china cock.

1,981.

Cockatoo (*Cocatus christatus*).

1,982.

Skeleton of a bull-frog (*Rana pipiens*).

1,983.

Skeleton of a rabbit (*Lepus caniculus*).

1,984.

Skeleton of a field-mouse (*Micromys minutus*).

1,985.

Cerebro-spinal system of a skate.

1,986.

Reptiles preserved in alcohol.

1,987.

Armadillo — skeleton (*Dasypas Sexcinctus*).

1,988.

Skeleton of a female wild-cat (*Felis canadensis*).

No. 1,989.

Gills of a fish.

1,990.

Tooth of whale (*Balæna Mysticetus*).

1,991.

Skull of a monkey.

1,992.

Skull of a monkey.

1,993.

Skull of a monkey.

1,994.

Skull of a monkey.

1,995.

Skull of a dog-faced monkey (*Cynocephalus*).

1,996.

Skeleton of a four-horned sheep (*Ovis aries*).

1,997.

Shark's jaw.

1,998.

Shark's jaw.

1,999.

Shark's jaw.

2,000.

Skeleton of a monkey.

2,001.

Skeleton of a monkey.

No. 2,002.

Skeleton of a kangaroo (*Macropus major*).

2,003.

Skull of a monkey.

2,004.

Skeleton of a domestic cat (*Felis domesticus*).

2,005.

Cranium and spine of a shark, which was nine feet long, and was caught in Mobile Bay, Alabama. Presented by FRITZ MÜLLER.

2,006.

Upper and lower jaw of a shark which was killed in Squaw River, N. J., by Dr. Jas. R. Wood, in 1850.

2,007.

Upper and lower jaw of a shark. Presented by Dr. CHAS. PHELPS.

2,008.

Skeleton of a crane (*Ardea cerulea*).

2,009.

Skeleton of a monkey.

2,010.

Skeleton of a monkey which was trained to ride on horse-back, and was exhibited at Niblo's Garden. It was brought, being a valuable animal, to Dr. Jas. R. Wood's office for treatment of a fracture of the right femur. The bones united without shortening, and the monkey was able to ride for several years, until he was finally killed by the elephant "Romeo," who also killed his keeper, and whose skull is in the Museum. Dr. Wood was obliged to cover the splint with tin to prevent the monkey from gnawing the bandages off.

No. 2,010 A.

Skull of the performing elephant "Romeo," mentioned in specimen 2,010.

2,011.

Skeleton of a cat (*Felis domesticus*).

2,012.

Skeleton of a ground-hog (*Aulacodus swinderianus*).

2,013.

Stuffed monkey.

2,014.

Tongue of a lioness (*Felis leo*).

2,015.

Devil-fish or octopus. Presented by Dr. R. W. TAYLOR.

2,016.

Beetle.

2,017.

Larva of a beetle.

2,018.

Scorpion (*Buthus afer*).

2,019.

Horned beetles.

2,020.

Lizard (*Lacerta viridis*).

2,021.

Larva of the potato worm.

No. 2,022.

Egg containing foetal alligator (*Crocodylus vulgaris*).

2,023.

Common striped snake (*Utaenia sirtalis*).

2,024.

Centipede (*Scolopendra formosa*).

2,025.

Young alligator (*Crocodylus lencius*).

2,026.

Centipedes (*Scolopendra formosa*).

2,027.

Scorpion.

2,028.

Snake swallowing a toad (*Coluber constrictor*).

2,029.

Egg of a skate (*Raia batis*).

2,030.

Egg of a skate (*Raia batis*).

2,031.

Kidney of a lioness (*Felis leo*).

2,032.

Intestines of a camel (*Camelus Arabicus*).

2,033.

Skeleton of a young elephant (*Loxodonta Africana*).
Presented by Dr. JANEWAY.

No. 2,034.

Skeleton of a horse (*Equus caballus*).

2,035.

Skeleton of a giraffe (*Camelopardalis*). Presented by
Dr. ROBT TAYLOR.

2,036.

Skeleton of an elk (*Cervus Americanus*).

2,037.

Skeleton of a monkey.

2,038.

Skeleton of a dog (*Canis domesticus*).

2,039.

Skeleton of a white whale (*Balœna catodon*). Presented
by Dr. ROBT TAYLOR.

2,040.

Skeleton of a camel (*Camelus Arabicus*).

2,041.

Skeleton of a rhinoceros (*Rhinocerus Unicornus*).

2,042.

Skeleton of a camel (*Camelus Arabicus*).

2,043.

Skeleton of a Rocky mountain sheep or moufflon (*Ovis Musimon*). This animal swallowed a mass of rubber, which lodged in its intestines, causing obstruction and death.

2,044.

Skeleton of a lioness (*Felis Leo*).

No. 2,045.

Skeleton of a panther (*Felis pardus*).

2,046.

Skeleton of an alligator (*Crocodylus lencius*).

2,047.

Skeleton of an alligator (*Crocodylus lencius*).

2,048.

Skeleton of a hyena (*Hyæna crocuta*), that lived in this country to the age of sixty years.

2,049.

South American water-hog (*Hydrochærus capybara*).
A very rare animal; the largest of the rodents.

2,050.

Skeleton of a cynocephalus or dog-faced monkey.

2,051.

Skeleton of a flamingo (*Phœnicopterus ruber*).

2,052.

Skeleton of an ostrich (*Struthio camelus*).

2,053.

Skull of a horse (*Equus caballus*).

2,054.

Skeleton of a leopard (*Felis leopardus*).

2,055.

Head of a walrus (*Trichecus Rosmarus*).

No. 2,056.

Head of an elk (*Cervus Americanus*).

2,057.

Head of a walrus (*Tricheeus Rosmarus*).

2,058.

Head of a black whale (*Balcena mysticetus*).

2,059.

Head of a rhinoceros (*Rhinocerus unicornus*).

2,060.

Bones of the extremities and vertebræ of an elephant (*Loxodonta Africana*).

2,061.

Head of an elephant (*Loxodonta Africana*).

2,062.

Head of an elephant (*Loxodonta Africana*).

2,063.

Horns of an ibex (*Capra Ibex*).

2,064.

Bones of a sword-fish (*Xiphias gladius*).

2,065.

Star-fishes (*Asterias Aurantiaca*).

2,066.

Skeleton of a snake sixteen feet long (*Boa constrictor*).

2,067.

Head of a Virginia deer (*Cervus Virginianus*).

No. 2,068.

Head of a Virginia deer (*Cervus Virginianus*).

2,069.

Head of a Virginia deer (*Cervus Virginianus*).

2,070.

Head of a rhinoceros (*Rhinocerus unicornus*).

2,071.

Head of a porpoise (*Phocæna communis*).

2,072.

Skull of a cat (*Felis domesticus*).

2,073.

Skull of a deer (*Cervus Virginianus*).

2,074.

Skull of a wolf (*Canis Lupus*).

2,075.

Skull of a panther (*Felis Pardus*).

2,076.

Skull of a sea-turtle (*Malaclemys concentrica*).

2,077.

Skull of a sea-turtle (*Malaclemys concentrica*).

2,078.

Skull of a sea-turtle (*Malaclemys concentrica*).

2,079.

Skull of a sea-turtle (*Malaclemys concentrica*).

No. 2,080.

Skull of a baboon (*Cynocephalus Papio*).

2,081.

Skull of a dog (*Canis domesticus*).

2,082.

Skull of a dog (*Canis domesticus*).

2,083.

Skull of a dog (*Canis domesticus*).

2,084.

Horn of a ram (*Ovis Aries*).

2,085.

Aneurism of the abdominal aorta of a lion (*Felis Leo*).
The animal died from rupture.

2,086.

Lungs of a lioness (*Felis Leo*), showing phthisis pulmonalis.

2,087.

Bone of the penis of a walrus (*Trichecus Rosmarus*).

2,088.

Dissection showing the vessels, nerves and tendons of a horse's foot and leg.

2,089.

Fracture and union of a turkey's leg (*Meleagris gallopavo*).

2,090.

Fracture and union of a frog's leg (*Rana pipiens*).

No. 2,091.

Skeleton of a South American sloth (*Cholepus didactylus*).

2,092.

Fœtal sloth removed from the above, specimen No. 2,091 (*Cholepus didactylus*).

COLLECTION OF COMPARATIVE ANATOMY PRESENTED BY
DR. BENJAMIN DRAKE.

2,093.

Skull of a leopard (*Felis leopardus*).

2,094.

Skull of a peccary, or Mexican hog (*Dicotyles Torquatus*).

2,095.

Skull of a sheep (*Ovis Aries*).

2,096.

Skull of a deer (*Cervus Virginianus*).

2,097.

Skull of a Peruvian llama (*Camelus Llama*).

2,097.

Skull of an alligator (*Crocodylus Lencius*).

2,099.

Skull of a porpoise (*Phocœna communis*).

2,100.

Skull of an ourang-outang (*Simia Satyrus*).

No. 2,101.

Stones removed from the stomach of an ostrich (*Struthio Camelus*).

2,102.

Gurnard (*Trigla*).

2,103.

Horned frog (*Phrynosoma cornuta*).

2,104.

Rib of a green turtle (*Chelonia viridis*).

2,105.

Ribs of a green turtle (*Chelonia viridis*).

2,106.

Breast-bone of a green turtle (*Chelonia viridis*).

2,107.

Fracture of a turkey's bone ; angular union (*Meleogri Gallopavo*).

2,108.

Ravages of *teredo navalis*.

2,109.

Molar teeth of a mastodon.

2,110.

Rattles of the rattle-snake (*Crotalus horridus*).

2,111.

Rattles of the rattle-snake (*Crotalus horridus*).

2,112.

Skull of a serpent (*Coluber constrictor*).

No. 2,113.

Skull of a boa-constrictor.

2,114.

Petrified clam.

2,115.

Petrified clam.

2,116.

Petrified clam, from a mountain near the site of the ancient city of Thebes.

2,117.

Bone from the penis of a coon (*Procyon lotor*).

2,118.

Lower jaw of a fish.

2,119.

Upper jaw of a fish.

2,120.

Jaw of a fish.

2,121.

Jaw of the scarus or parrot fish.

2,122.

Pelvis of a turtle (*Testudo*).

2,123.

Codfish arch (*Gadus morrhua*).

2,124.

Skulls of fishes.

2,125.

Spur of a game cock.

No. 2,126.

Balloon fish (*Tetrodon pennantii*).

2,127.

Jaw of a fish.

2,128.

Skull of a fish.

2,129.

Skull of a scarlet flamingo (*Phœnicopterus ruber*).

2,130.

Skull of the bald-headed eagle (*Haliaetus Leucocephalus*).

2,131.

Skull of a wild goose (*Anser Canadensis*).

2,132.

Skull of a gallina.

2,133.

Skull of a white owl (*Strix Nivia*).

2,134.

Skull of a parrot (*Conurus Carolinensis*).

2,135.

Skull of a wild goose (*Anser Canadensis*).

2,136.

Skull of a raven (*Corvus corax*).

2,137.

Skull of a sea-gull (*Larus Argentatus*).

No. 2,138.

Skull of a mocking-bird (*Mimus polyglottis*).

2,139.

Skull of a singing-bird (*Turdus Wilsoni*).

2,140.

Skull of a song-bird (*Turdus Migratorius*).

2,141.

Skull of a screech-owl (*Strix Asiæ*).

2,142.

Skull of a woodpecker (*Coloptes auratus*).

2,143.

Skull of a woodpecker (*Coloptes auratus*).

2,144.

Skull of a woodpecker (*Coloptes auratus*).

2,145.

Skull of a peacock (*Pavo christatus*).

2,146.

Skull of a shoveler duck (*Spatula clypeata*).

2,147.

Skull of a merganser (*Mergus serrator*).

2,148.

Skull of a common turtle (*Testudo communis*).

2,149.

Skull of a common turtle (*Testudo*).

No. 2,150.

Skull of a common turtle (*Testudo*).

2,151.

Skull of a common turtle (*Testudo*).

2,152.

Skull of a tortoise (*Testudo*).

2,153.

Skull of a tortoise (*Testudo*).

2,154.

Skull of a hawk-bill turtle (*Caretta imbricata*).

2,155.

Jaw of a turtle (*Caretta imbricata*).

2,156.

Skull of a codfish (*Gadus morrhua*).

2,157.

Skull of a pelican (*Pelicanus Americanus*).

2,158.

Skull of a pelican (*Pelicanus fuscus*).

2,159.

Skull of an albatross (*Diomedea exulans*).

2,160.

Skull of an albatross (*Diomedea exulans*).

2,161.

Skull of the great ant-eater (*Myrmecophaga jubata*).

No. 2,162.

Skull of a white swan (*Cygnus Americanus*).

2,163.

Skull of an ostrich (*Struthio camelus*).

2,164.

Skull of an American ostrich (*Struthio rhea*).

2,165.

Skull of an ostrich (*Struthio camelus*).

2,166.

Skull of a king vulture (*Sarcophamphus papa*).

2,167.

Skull of a cockatoo (*Coccyus christatus*).

2,168.

Trunk-fish (*Ostracion cornutus*).

2,169.

Trunk-fish (*Ostracion cornutus*).

2,170.

File-fish (*Balistes conspicellum*).

2,171.

Globe-fish (*Diodon hystrix*).

2,172.

Skull of a rat (*Mus decumanus*).

2,173.

Skull of a squirrel (*Sciurus Carolinensis*).

No. 2,174.

Skull of a squirrel (*Sciurus Carolinensis*).

2,175.

Skull of a gray squirrel (*Sciurus Carolinensis*).

2,176.

Skull of a skunk (*Mephitis putanies*).

2,177.

Skull of a musk-rat (*Fiber Zibethicus*).

2,178.

Skull of a sloth (*Cholæpus didactylus*).

2,179.

Skull of ground-hog (*Aulacodus swinderianus*).

2,180.

Cavy's skull (*Dolichatis patachonicus*).

2,181.

Skull of a cat (*Felis domesticus*).

2,182.

Skull of an opossum (*Didelphis Virginianus*).

2,183.

Skull of a cat (*Felis domesticus*).

2,184.

Skull of a domestic cat (*Felis domesticus*).

2,185.

Skull of a monkey.

No. 2,186.

Skull of a young East India monkey.

2,187.

Skull of a South American ring-tailed monkey.

2,188.

Skull of an East India monkey.

2,189.

Skull of a monkey.

2,190.

Skull of a monkey.

2,191.

Skull of a monkey.

2,192.

Skull of an ape.

2,193.

Skull of a monkey.

2,194.

Skull of a dog-faced monkey (*Simia cynocephalus*).

2,195.

Skull of a dog-faced monkey (*Simia cynocephalus*).

2,196.

Skull of an African pig-faced monkey (*Simia cynocephalus*).

2,197.

Skull of a ourang-outang (*Simia satyrus*). Weight of brain, twelve ounces, one drachm, and two scruples.

2,198.

Skull of a shepherd dog (*Canis domesticus*).

No. 2,199.

Skull of a panther (*Felis pardus*).

2,200.

Skull of a panther (*Felis pardus*).

2,201.

Skull of the spotted hyena (*Hyena crocuta*).

2,202.

Skull of a hyena (*Hyena crocuta*).

2,203.

Skull of a lioness (*Felis leo*).

2,204.

Skull of a sheep (*Ovis aries*).

2,205.

Skull of a domestic cat (*Felis domesticus*).

2,206.

Skull of a raccoon (*Procyon lotor*).

2,207.

Skull of a fox (*Canis vulpus*).

2,208.

Skull of an ichneumon (*Virena ichneumon*).

2,209.

Skull of a cat (*Felis domesticus*).

2,210.

Skull of an ichneumon (*Herpestes pharaonis*).

2,211.

Skull of a badger (*Meles taxus*).

No. 2,212.**Skull** of a monkey.**2,213.****Skull** of a monkey.**2,214.****Skull** of a monkey.**2,215.****Skull** of a long-tailed South American sapajaw or monkey (*Cebus capucinus*).**2,216.****Skull** of an African monkey.**2,217.****Skull** of a monkey (*Simia cercopithica*).**2,218.****Skull** of a dog-faced monkey (*Simia cynocephalus*).**2,219.****Skull** of a dog-faced monkey (*Simia cynocephalus*).**2,220.****Skull** of a dog-faced monkey (*Simia cynocephalus*).**2,221.****Skull** of a gazelle (*Antelopeus dorcas*).**2,222.****Skull** of a dog (*Canis domesticus*).**2,223.****Skull** of a dog (*Canis domesticus*).**2,224.****Skull** of a leopard (*Felis leopardus*).

List of Contributors to the Wood Museum.

With a few exceptions, all the specimens in the collection with which the name of the contributor is not given, have been placed in the Museum by Dr. JAMES R. WOOD.

Alcott, C.	Field, M. D.	Pipe, M. D.
Alexander, J. W.	Flint, A. Sr.	Polk, W. M.
Allen, J. E.	Fogarty, J.	Putzel, L.
Ayers, D.	Fluhrer, W. F.	Rogers,
Barker, Fordyce.	Garrett, M. D.	Sayre, L. A.
Barker, P. C.	Goldschmidt, L.	Scudder, C.
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Ferguson, J.	Phelps, C.	Wyeth, J. A.

The name of Dr. W. M. Carpenter, who was recently appointed a Curator, was, by mistake, omitted among the list of the officers of the "Wood Museum."

There are a few contributors to the "Wood Museum" whose names have not appeared in the list, for the reason that their cards were not attached to the specimens. This will explain the omissions.

Contributors are respectfully requested, in the future, to send their names in full, with a brief history of the specimen presented. Without the name of the donor, and the history of the case, the specimen cannot be credited to the contributor, nor can it be of much value to the Museum.

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